

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720724

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE ARBOUR TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

233 NE 141ST
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 610-155
NORTH MIAMI, FL 332610155

New Mailing Address:

FEI Number: 59-1407189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMAN, MICHAEL L ESQ
150 WEST FLAGLER STREET
27TH FLOOR MUSEUM TOWER
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHNAP, WILLIAM P
Address: 233 NE 141ST STREET
City-St-Zip: MIAMI, FL 33161

Title: V () Delete
Name: STEWART, MICHEAL
Address: 14222 NE 3RD CT
City-St-Zip: MIAMI, FL 33161

Title: S () Delete
Name: NADINE, FRANCIS
Address: 237 NE 141ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: GONZALEZ, ANGELA
Address: 253 NE 141ST ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: KENNEDY, SHERAN
Address: 257 NE 141ST STREET
City-St-Zip: MIAMI, FL 33161

Title: DC (X) Delete
Name: CECILIA, SANTIAGO
Address: 14204 NE 3RD CT
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: REGINALDE, PHILOGENE
Address: 265 NE 141 STREET
City-St-Zip: MIAMI, FL 33161

Title: D (X) Change () Addition
Name: ROSARIO, RODRIGUEZ
Address: 14216 NE 3 COURT
City-St-Zip: MIAMI, FL 33161

Title: T (X) Change () Addition
Name: CECILIA, SANTIAGO
Address: 14204 NE 3RD CT
City-St-Zip: MIAMI, FL 33161

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL SCHNAP

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date