


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 722070</b> 1. Entity Name ARBOUR TOWNHOUSE CONDOMINIUM ASSOCIATION, SECTION III, INC.	
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Principal Place of Business P O BOX 610222 NORTH MIAMI, FL 33261-0222 US	Mailing Address P O BOX 610222 NORTH MIAMI, FL 33261-0222 US
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1449527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  O'BRIEN, ROSLYN 305 NE 142ND STREET NORTH MIAMI, FL 33161
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DIAZ, JORGE 316 NE 142ND ST. NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'BRIEN, ROSLYN 305 NE 142ND STREET NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DENNIS, MARIE 273 NE 142ND ST. NORTH MIAMI, FL 33161
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U000000619008  
02/08/07-80054-018 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Roslyn O'Brien</u> Roslyn O'Brien 1-29-07 (786) 586-2401	Date	Daytime Phone #
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