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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731854 (6)

1. Corporation Name

THE ARBORS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

12350 SW 132 CT.
STE. 208
MIAMI FL 33186

Mailing Address

12350 SW 132 CT.
STE. 208
MIAMI FL 33186-6458

3. Date Incorporated or Qualified
02/13/1975

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-1685834

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BILL GERLACH
7720 SW 54 CT. APT. D
MIAMI FL 33143

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

500002170405
-05/08/97--01001--061

84

City

MIAMI

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE PD
NAME BILL GERLACH
STREET ADDRESS 7720 SW 54 COURT
CITY-ST-ZIP MIAMI FL 33143

1.1 TITLE D
1.2 NAME Bill Gerlach
1.3 STREET ADDRESS 7720 S.W. 54 CT. #D
1.4 CITY-ST-ZIP Miami, FL. 33143

TITLE S
NAME BERNHEIMER-NEGRAO, CAROL
STREET ADDRESS 7641 SW 55 AVE #A
CITY-ST-ZIP MIAMI FL

2.1 TITLE SD
2.2 NAME Bernheimer-Negrao, Carol
2.3 STREET ADDRESS 7641 S.W. 55 Ave. #A
2.4 CITY-ST-ZIP Miami, FL. 33143

TITLE TD
NAME MERLING, JAMES JR.
STREET ADDRESS 7741 SW 55 AVE #C
CITY-ST-ZIP MIAMI FL

3.1 TITLE TD
3.2 NAME Merling, James Jr.
3.3 STREET ADDRESS 7741 S.W. 55 Ave. #C
3.4 CITY-ST-ZIP Miami, FL. 33143

TITLE VP
NAME LOCY, SCOTT
STREET ADDRESS 7741 SW 55 AVE B5
CITY-ST-ZIP MIAMI FL

4.1 TITLE PD
4.2 NAME Charboneau, Robert
4.3 STREET ADDRESS 7721 S.W. 55 Ave. #A
4.4 CITY-ST-ZIP Miami, FL. 33143

TITLE D
NAME JANE HUBBARD
STREET ADDRESS 7621 SW 55 AVE.
CITY-ST-ZIP MIAMI FL 33148

5.1 TITLE D
5.2 NAME Jane Hubbard
5.3 STREET ADDRESS 7621 S.W. 55 Ave. #C
5.4 CITY-ST-ZIP Miami, FL. 33143

TITLE D
NAME EILEEN LEHN,
STREET ADDRESS 7641 SW 55 AVE.
CITY-ST-ZIP MIAMI FL 33143

6.1 TITLE VD
6.2 NAME Eileen Lehn
6.3 STREET ADDRESS 7641 S.W. 55 Ave. #D
6.4 CITY-ST-ZIP Miami, FL. 33143

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JANE HUBBARD
Signature and typed or printed name of signing officer or director

4/24/97 661-3895
Date Date of Filing