FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90071 009 ****61.25

DOCUMENT # 731854 (6)

1. Corporation Name
THE ARBORS CONDOMINIUM ASSOCIATION, INC. of

Principal Place of Business | Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 c/o The Foster Company	26 c/o TFC	02/13/75
Suite, Apt. #, etc. 22 12394 SW 82 Avenue	Suite, Apt. #, etc. 27 PO BOX 565820	4. FEI Number 59-1685834 ☐ Applied For ☐ Not Applicable
City & State 23 Miami, Florida	City & State 28 Miami, Florida	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33156 Country 25 USA	Zip 29 33256 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Rosa de la Camara 82 Street Address (P.O. Box Number is Not Acceptable): Becker & Poliakoff, P.A. 83 5201 Blue Lagoon Drive #100 84 City: Miami FL 85 Zip Code: 33016

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: Rosa de la Camara for Becker & Poliakoff, P.A. DATE: 1/18/99
Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Andrews, Carol 7641 SW 55 Ave #A Miami, FL 33143	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Frost, Kathleen 7741 SW 55 Ave #A Miami, FL 33143	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Perez, Lourdes 7641 SW 55 Ave #B Miami, FL 33143	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Merling, James Jr. 7741 SW 55 Ave #C Miami, FL 33143	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Webster, Richard 7721 SW 55 Ave #B Miami, FL 33143	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pearson, Geoffrey 7700 SW 54 Ct #A Miami, FL 33143	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Kathleen Troat 2/3/99 305-666-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President