2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90073 028 ****61.25

DOCUMENT # 731854

1. Entity Name
THE ARBORS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CARRIBEAN PROPERTY MANAGEMENT 12301 SW 132ND CT MIAMI, FL 33186 US	C/O CARRIBEAN PROPERTY MANAGEMENT 12301 SW 132ND CT MIAMI, FL 33186 US

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03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1685834
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLAXBERG, BARRY
25 SR 2ND AVE, 730
MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDREWS, CAROL A
STREET ADDRESS	7641 SW 55TH AVE #A
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	TD
NAME	VIDES, JOHN
STREET ADDRESS	7720 SW 54TH CT #D
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	HARDY, JENNIFER
STREET ADDRESS	5470 SW 76TH ST #1
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	PEREZ, ALEX
STREET ADDRESS	7641 SW 55TH AVE, #B
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	STACKLEY, ADAM
STREET ADDRESS	7640 SW 54 CT #A
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	S
NAME	WEBSTER, RICHARD
STREET ADDRESS	7721 SW 55TH AVE., #B
CITY-ST-ZIP	MIAMI, FL 33143

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12. 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 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: _____ Javier Valdes 4/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #