

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 731854 1. Entity Name THE ARBORS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O ALHAMBRA PROPERTY MANAGEMENT 7700 SW 54 COURT PINECREST, FL 33156 US		Mailing Address C/O ALHAMBRA PROPERTY MANAGEMENT P.O. BOX 560338 MIAMI, FL 33256 US	
2. Principal Place of Business, No P.O. Box # <i>c/o The Continental Group</i> Suite, Apt. #, etc. 11981 SW 144 Ct St # 201		3. Mailing Address <i>c/o The Continental Group</i> Suite, Apt. #, etc. 11981 SW 144 Ct. St # 201	
City & State Miami, FL Zip 33186		City & State Miami FL Zip 33186	
6. Name and Address of Current Registered Agent BLAXBERG, BARRY 25 SE 2ND AVE, #730 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME NICHOLS, ALAN STREET ADDRESS 8360 SW 108 STREET CITY-ST-ZIP MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE P NAME NICHOLS, ALAN STREET ADDRESS 8360 SW 108 street CITY-ST-ZIP Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME HERRERA, PEDRO STREET ADDRESS 7640 SW 54 COURT, UNIT B CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Carol Andrews STREET ADDRESS 7641 SW 55 Ave. Unit C CITY-ST-ZIP Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME MERLING, JAMES STREET ADDRESS 7741 SW 55 AVENUE, UNIT C CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Delete	200138097912 11/19/08-01034-004 **\$61.25	
TITLE D NAME HINNANT, LEE STREET ADDRESS 7641 SW 55 AVENUE, UNIT A CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE S NAME Hinnant, Lee STREET ADDRESS 7641 SW 55 Ave. Unit A CITY-ST-ZIP Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MEYERINCH, ROBERTA STREET ADDRESS 5633 GRANADA BLVD CITY-ST-ZIP CORAL GABLES, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME THOMAS, BARBARA STREET ADDRESS 7640 SW 54 COURT, UNIT A CITY-ST-ZIP MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE P NAME Thomas, Barbara STREET ADDRESS 7640 SW 54 Ct. Unit A CITY-ST-ZIP Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lee Hinnant</i>		Date: <i>Oct 30 2008</i>	

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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4. FEI Number 59-1685834 Applied For Not Applicable

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