2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 731854

Entity Name: THE ARBORS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE CONTINENTAL GROUP
11981 SW 144 CT, STE #201
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

C/O THE CONTINENTAL GROUP
11981 SW 144 CT, STE #201
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-1685834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAXBERG, BARRY
25 SE 2ND AVE, #730
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	NICHOLS, ALAN	
Address:	8360 SW 108 STREET	
City-St-Zip:	MIAMI, FL 33156 US	
Title:	V	( ) Delete
Name:	ANDREWS, CAROL	
Address:	7641 SW 55 AVE, UNIT C	
City-St-Zip:	MIAMI, FL 33143	
Title:	T	( ) Delete
Name:	MERLING, JAMES	
Address:	7741 SW 55 AVENUE, UNIT C	
City-St-Zip:	MIAMI, FL 33143 US	
Title:	S	( ) Delete
Name:	HINNANT, LEE	
Address:	7641 SW 55 AVENUE, UNIT A	
City-St-Zip:	MIAMI, FL 33143 US	
Title:	P	( ) Delete
Name:	THOMAS, BARBARA	
Address:	7640 SW 54 COURT, UNIT A	
City-St-Zip:	MIAMI, FL 33143 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA THOMAS P 01/30/2009
Electronic Signature of Signing Officer or Director — Date