

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-10-2003 90191 027 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731854

1. Entity Name

THE ARBORS CONDOMINIUM ASSOCIATION, INC.



00012060

Principal Place of Business
C/O THE FOSTER COMPANY
12394 SW 82 AVENUE
MIAMI FL 33158
US

Mailing Address
C/O THE FOSTER COMPANY
PO BOX 565820
MIAMI FL 33256
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

DE LA CAMARA, ROSA
BECKER & POLLAKOFF, P.A.
5201 BLUE LAGOON DRIVE #100
MIAMI FL 33016

Barry Blackberg
Blackberg, Grayson, Koff
25 S.E. 2nd Ave #730
Miami FL 33131

Name

Barry Blackberg President

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

Blackberg, Grayson, Koff, Segal

City

Miami

FL

Zip Code
33131

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

Barry Blackberg President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BANKS, ALISON	
STREET ADDRESS	7620 SW 54TH CT #B	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	☐ Delete
NAME	MEHLING, JAMES JR.	
STREET ADDRESS	7741 SW 55 AVE #C	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	☐ Delete
NAME	WEBSTER, RICHARD	
STREET ADDRESS	7721 SW 55 AVE 'B'	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	☐ Delete
NAME	PORRO, JOHN	
STREET ADDRESS	7621 SW 55 AVE #D	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	☐ Delete
NAME	THOMAS, BARBARA	
STREET ADDRESS	7640 SW 54 CT #A	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	CAROL A.B.F. ANDREWS	
STREET ADDRESS	7641 SW 55th Ave #A	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	☒ Change ☐ Addition
NAME	John VIDES	
STREET ADDRESS	7720 SW 55th CT. #D	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	☒ Change ☐ Addition
NAME	Jennifer Hardy	
STREET ADDRESS	5470 S.W. 76th ST. #A	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	☒ Change ☐ Addition
NAME	ALEX PEREZ	
STREET ADDRESS	7641 SW 55th Ave #B	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	☒ Change ☐ Addition
NAME	ADAM STACKLEY	
STREET ADDRESS	7640 SW 54th CT #D	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

Carol A.B.F. Andrews President

2-3-03 305-254-7228

Date

Daytime Phone #