

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/30/2004-90011-034-\$61.25-\$61.25

04 OCT 28 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N02000003458

1. Entity Name  
ARCOLA COMMUNITY ASSOCIATION INC.



Principal Place of Business  
1351 NW 88 STREET  
MIAMI, FL 33147-3218

Mailing Address  
1351 NW 88 STREET  
MIAMI, FL 33147-3218

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
APPLIED FOR

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOODY, BOB  
1351 NW 88 STREET  
MIAMI, FL 33147-3218

Name

SAME

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

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 September 8, 2004

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	<input type="checkbox"/> Delete
NAME	MOODY, BOB	
STREET ADDRESS	1351 NW 88 STREET	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	RAHMINEI, SAMUEL	
STREET ADDRESS	830 NW 84 ST.	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLEMING, EVELYN	
STREET ADDRESS	930 N.W. 84 ST.	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BELL, LILLIE	
STREET ADDRESS	1360 N.W. 88 ST.	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RANDOLPH, JAMES	
STREET ADDRESS	1030 NW 87 ST.	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Bob Moody* BOB MOODY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT 26, 04

Date

305  
836-1899

Daytime Phone #

Form **SS-4**

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>ARCOLA COMMUNITY ASSOCIATION INC.</b>	3 Executor, trustee, "care of" name <b>BOB MOODY</b>
2 Trade name of business (if different from name on line 1) <b>N/A</b>	5a Street address (if different) (Do not enter a P.O. box.) <b>SAMIE</b>
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1351 N.W. 88 ST.</b>	5b City, state, and ZIP code <b>SAMIE</b>
4b City, state, and ZIP code <b>MIAMI, FL 33147</b>	6 County and state where principal business is located <b>MIAMI-DADE COUNTY, FL.</b>
7a Name of principal officer, general partner, grantor, owner, or trustor <b>N/A</b>	7b SSN, ITIN, or EIN

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FEDERAL BUREAU OF INVESTIGATION  
OCT 23 AM 11:04  
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8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> State/local government
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Farmers' cooperative
<input checked="" type="checkbox"/> Other (specify) ▶ <b>COMMUNITY ORGAN.</b>	<input type="checkbox"/> REMIC
	<input type="checkbox"/> Federal government/military
	<input type="checkbox"/> Indian tribal governments/enterprises
	Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>N/A</b>	Foreign country <b>NA</b>
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9 Reason for applying (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <b>FUND RAISING</b>
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)  
**N/A**

11 Closing month of accounting year  
**DECEMBER 31**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶

Agricultural	Household	Other
<b>0</b>	<b>0</b>	<b>0</b>

14 Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input checked="" type="checkbox"/> Other (specify) <b>COMMUNITY PROJECTS</b>			

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**COMMUNITY SERVICES**

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No  
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
Designee's name	Designee's telephone number (include area code) ( )
Address and ZIP code	Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **BOB MOODY PRESIDENT**

Signature ▶ **[Signature]** Date **OCT 1, 04**

Applicant's telephone number (include area code)  
**(305) 836-1899**

Applicant's fax number (include area code)  
**(305) 836-5637**