


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90029 033 *****61.25

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
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2. Principal Place of Business ARCOLA LAKES PARK Suite, Apt. #, etc. 1301 NW 83 ST. City & State MIAMI FL. Zip 33147	3. Mailing Address Suite, Apt. #, etc. City & State Country U.S.A.
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6. Name and Address of Current Registered Agent MOODY, BOB 1351 NW 88 STREET MIAMI, FL 33147-3218	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 September 7, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MOODY, BOB STREET ADDRESS 1351 NW 88 STREET CITY-ST-ZIP MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 1VPD NAME RAHMINI, SAMUEL STREET ADDRESS 830 NW 84 ST. CITY-ST-ZIP MIAMI, FL 33150	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME FLEMING, EVELYN STREET ADDRESS 930 N.W. 84 ST. CITY-ST-ZIP MIAMI, FL 33150	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ASD NAME BELL, LILLIE STREET ADDRESS 1360 N.W. 88 ST. CITY-ST-ZIP MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME RANDOLPH, JAMES STREET ADDRESS 1030 NW 87 ST. CITY-ST-ZIP MIAMI, FL 33150	<input checked="" type="checkbox"/> Delete	TITLE NAME TD MARIE TILLMAN STREET ADDRESS 1427 NW 83 ST. CITY-ST-ZIP MIAMI, FL 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** AUG 4, 05 305-836-1899
Signature and typed or printed name of signing officer or director Date Daytime Phone #

30065918



07302005 Chg-NP CR2E037 (10/03)

4. FEI Number 542069415 **APPLIED FOR** ☐ **Applied For**
☐ **Not Applicable**

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