

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000003458

1. Entity Name
ARCOLA COMMUNITY ASSOCIATION INC.



Principal Place of Business
ARCOLA LAKES PARK
1301 NW 83 ST
MIAMI, FL 33147

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

FILED

07 SEP 20 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2069415

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Filing Fee

500109807505
09/20/07--01001--014 **70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOODY, BOB
STREET ADDRESS 1351 NW 88 STREET
CITY-ST-ZIP MIAMI, FL 33147

TITLE 1VPD
NAME RAHMINEI, SAMUEL
STREET ADDRESS 830 NW 84 ST.
CITY-ST-ZIP MIAMI, FL 33150

TITLE SD
NAME FLEMING, EVELYN
STREET ADDRESS 930 N.W. 84 ST.
CITY-ST-ZIP MIAMI, FL 33150

TITLE ASD
NAME BELL, LILLIE
STREET ADDRESS 1360 N.W. 88 ST.
CITY-ST-ZIP MIAMI, FL 33147

TITLE TD
NAME TILLMAN, MARIE
STREET ADDRESS 1427 NW 83 ST
CITY-ST-ZIP MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Bob Moody*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT 19 07

Date

305-836-1899

Daytime Phone #