


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000003458 1. Entity Name ARCOLA COMMUNITY ASSOCIATION INC.	
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Principal Place of Business ARCOLA LAKES PARK 1301 NW 83 ST MIAMI, FL 33147	Mailing Address 1351 NW 88 STREET MIAMI, FL 33147-3218
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DO NOT WRITE IN THIS SPACE

6. 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 \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOODY, BOB 1351 NW 88 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD RAHMINEI, SAMUEL 830 NW 84 ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEMING, EVELYN 930 N.W. 84 ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BELL, LILLIE 1360 N.W. 88 ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TILLMAN, MARIE 1427 NW 83 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000957927
08/18/08-80008-013 70.00

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: *[Signature]* 08-15-08 305-836-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Aug 18, 2008 08:00 AM
Secretary of State



08112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2069415	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required