2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# N02000003458

Entity Name: ARCOLA COMMUNITY ASSOCIATION INC.

Current Principal Place of Business:

ARCOLA LAKES PARK
1301 NW 83 ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1351 NW 88 STREET
MIAMI, FL 331473218

New Mailing Address:

FEI Number: 54-2069415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOODY, BOB
1351 NW 88 STREET
MIAMI, FL 331473218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOODY, BOB
Address: 1351 NW 88 STREET
City-St-Zip: MIAMI, FL 33147

Title: 1VPD ( ) Delete
Name: RAHMINEI, SAMUEL
Address: 830 NW 84 ST.
City-St-Zip: MIAMI, FL 33150

Title: SD ( ) Delete
Name: FLEMING, EVELYN
Address: 930 N.W. 84 ST.
City-St-Zip: MIAMI, FL 33150

Title: ASD ( ) Delete
Name: BELL, LILLIE
Address: 1360 N.W. 88 ST.
City-St-Zip: MIAMI, FL 33147

Title: TD ( ) Delete
Name: TILLMAN, MARIE
Address: 1427 NW 83 ST
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB MOODY PD 07/07/2009
Electronic Signature of Signing Officer or Director — Date