

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-16-2003 90183 011 ****61.25

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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: [Redacted]
3. Mailing Address: [Redacted]

4. FEI Number: [Redacted] Applied For Not Applicable

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

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: [Redacted]

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: _____ (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT	NAME: BOB MOODY (D)	TITLE:	NAME:
STREET ADDRESS: 1351 NW. 88 ST	CITY-ST-ZIP: MIAMI, FL 33147	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: 1ST VICE-PRESIDENT	NAME: SAMUEL RAHMINGI (D)	TITLE:	NAME:
STREET ADDRESS: 830 NW. 84 ST	CITY-ST-ZIP: MIAMI, FL 33150	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: 2ND VICE-PRESIDENT	NAME: VACANT	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: SECRETARY	NAME: EVELYN FLEMING (D)	TITLE:	NAME:
STREET ADDRESS: 930 NW. 84th	CITY-ST-ZIP: MIAMI, FL 33150	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: ASST. SECT.	NAME: LILLIE BELL (D)	TITLE:	NAME:
STREET ADDRESS: 1360 NW. 88 ST	CITY-ST-ZIP: MIAMI, FL 33147	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: TREASURER	NAME: JAMES RANDOLPH (D)	TITLE:	NAME:
STREET ADDRESS: 1030 NW. 87 ST	CITY-ST-ZIP: MIAMI, FL 33150	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)(f), 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 DATE: MAY 13, 03 (607) 836-0104

CR2E037 (10/02)