FILED
Feb 11, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000009088

1. Entity Name
ARBAH CONDOMINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address
1258 MARSEILLE DR., APT. 3 MIAMI BEACH, FL 33141	1258 MARSEILLE DR., APT. 3 MIAMI BEACH, FL 33141

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01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
30-0004267
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTERO, MIGUEL
1258 MARSEILLE DR., APT. 3
MIAMI BEACH, FL 33141

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000046102
02/11/04-80089-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, PATRICIA
STREET ADDRESS	1258 MARSEILLE DR., APT. 3
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TD
NAME	MILIAN, DULCE B
STREET ADDRESS	1258 MARSEILLE DR., APT. 3
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	SD
NAME	MONTERO, MIGUEL
STREET ADDRESS	1258 MARSEILLE DR., APT. 3
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] SECRETARY 1/28/04 305-864-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #