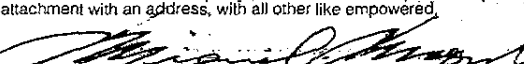


FILED
Feb 11, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N02000009088 1. Entity Name ARBAH CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 1258 MARSEILLE DR., APT. 3 MIAMI BEACH, FL 33141		Mailing Address 1258 MARSEILLE DR., APT. 3 MIAMI BEACH, FL 33141	
DO NOT WRITE IN THIS SPACE			
		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		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, PATRICIA 1258 MARSEILLE DR., APT. 3 MIAMI BEACH, FL 33141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILIAN, DULCE B 1258 MARSEILLE DR., APT. 3 MIAMI BEACH, FL 33141		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTERO, MIGUEL 1258 MARSEILLE DR., APT. 3 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			
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: 		SECRETARY 1/28/04 305-864-1661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	