

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90025 012 ****61.25

DOCUMENT # N02000009088

1. Entity Name
ARBAH CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
**1258 MARSEILLE DR
APT 2
MIAMI BEACH, FL 33141**

Mailing Address
**1258 MARSEILLE DR
APT 2
MIAMI BEACH, FL 33141**

40113346



DO NOT WRITE IN THIS SPACE

03102008 No Chg-NP CR2E037 (4/06)

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 _____
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 May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILIAN, DUICE B
STREET ADDRESS	1258 MARSEILLE DR #1
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TD
NAME	MAGDA, NINO
STREET ADDRESS	1258 MARSEILLE DR #4
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	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08
Date

305-949-3879
Daytime Phone #

ATTACHMENT

August 6, 2008

40113346.

N02000009088

To whom may concern:

Here I am sending you my corporation
annual report. I originally sent it to the
United States Federal government by mistake.
Here I'm sending you a copy of my ^{original} ~~cancelled~~
check received by the U.S. Government and
their Refund send it back to me. Please
excuse me for the mistake. Sincerely, thank
you.



ATTACHMENT
40113346

527

MIAMI BEACH, FL 33141
110275215 03-24-08 7206 Q1 3-12-2008
C31 UNITED STATES TREASURY

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE. \$ 61.25

Sixty-One AND 35 DOLLARS



Washington Mutual

Washington Mutual Bank, FA
Miami Beach/Normandy Isle Financial Center 1725
1025 71st Street 1-800-788-7000
Miami Beach, FL 33141 24 hour Customer Service

NOTES HN 02000009088

$$\frac{15-51}{000}$$

A 532,544,590

Check No.



Pay to
the order of

06 03 08 67 AUSTIN, TEXAS

2308 92529842

2308 92529842 20092900 I02 2ARBA OGDEN F-1120 REF

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ARBAH CONDOMINIUM HOMEOWNERS  
ASSOC INC

12/07  
42

\*\*\*\*\*61\*45

% MONTERO MIGUEL SEC  
1258 MARSEILLE DR APT 3  
MIAMI BEACH FL 33141-2857

REGIONAL DISBURSING OFFICER

**VOID AFTER ONE YEAR**

001

Robert C. Marge

**.21 INTEREST 67 DAYS**