

**2009 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -5 PM 3: 04

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

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

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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	

800156845438
06/05/09--01004--013 **\$1.25

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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:

Miguel Montero SECRETARY 4-11-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #