

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001163

FILED
Sep 06, 2005
Secretary of State

Entity Name: ARRO CONDOMINIUM ASSOC., INC.

Current Principal Place of Business:

11617 NW 28TH ST
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11617 NW 28TH ST
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 11-3687563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, MORRIS
11617 NW 28TH ST
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, MORRIS
Address: 11617 NW 28TH ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: VILLALTA, FLAVIO
Address: 961 SW 83RD AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T (X) Delete
Name: MALIN, DAVE
Address: 6202 NW 45 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: S (X) Delete
Name: MALIN, MARGE
Address: 6202 NW 45 AVE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS SMITH

PRES

09/06/2005

Electronic Signature of Signing Officer or Director

Date