

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004798

1. Entity Name
ARC WINTERHAVEN, INC.



Principal Place of Business
**5555 BISCAYNE BLVD
MIAMI, FL 33137**

Mailing Address
**5555 BISCAYNE BLVD
MIAMI, FL 33137**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1463842

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINTER, MAUREEN
5555 BISCAYNE BLVD
MIAMI, FL 33137**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REED, BEN
1800 SW 84TH AVENUE
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SALAZAR-REALINI, HELEN
7621 SW 53RD AVENUE
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KIRSH, WILLIAM DR.
2535 REGATTA AVENUE
MIAMI BEACH, FL 33140**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000619243
02/08/07-80063-001 70.00

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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:

Michael W. W...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/07

Date

Daytime Phone #