

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N05000003730

1. Entity Name
ARVILLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1117-1127 EUCLID AVE.
MIAMI BEACH, FL 33139**

Mailing Address
**1300 COLLINS AVE - STE 100
MIAMI BEACH, FL 33139**

U000000846520
03/18/08-80032-011 61.25



DO NOT WRITE IN THIS SPACE

02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-2675688

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G
218 ALMERIA AVE
CORAL GABLES, FL 33134**

**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	P
NAME	HALL, RICHARD
STREET ADDRESS	1127 EUCLID AVE. 106
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	SERBANESCU, MARIANA
STREET ADDRESS	1127 EUCLID AVE. -103
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	ST
NAME	ARCOS, RODIT
STREET ADDRESS	1117 EUCLID AVE. -202
CITY-ST-ZIP	MIAMI BEACH, FL 33139
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:

Richard Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone