


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 12, 2006 8:00 am**  
**Secretary of State**

09-12-2006 90008 036 \*\*\*\*61.25

**DOCUMENT # N05000004623**

1. Entity Name  
**ARBOR KEYS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4501 TREEHOUSE LN  
 TAMARAC, FL 33319-3319**

Mailing Address  
**4501 TREEHOUSE LN  
 TAMARAC, FL 33319-3319**

2. Principal Place of Business  
**C/O Miami Management, Inc. C/O Miami Management, Inc.**


Suite, Apt. #, etc.  
**1145 Sawgrass Corp Pkwy 1145 Sawgrass Corp Pkwy**

City & State  
**SUNRISE, FL SUNRISE, FL 33323**

Zip  
**33323**

Country  
**FLORIDA**

40103000



07212006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-3470840**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE VILLIERS, ANA V**  
**FIELDSTONE LESTER SHEAR & DENBERG, LLP**  
**201 ALHAMBRA CIR - S TE 601**  
**CORAL GABLES, FL 33134**

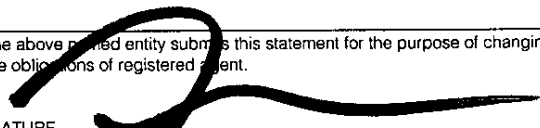
Name  
**KATZMAN & KOKA ATTORNEYS**

Street Address (P.O. Box Number is Not Acceptable)  
**1501 NORTHWEST 49th STREET**

City  
**FORT LAUDERDALE**

Zip Code  
**FL 33309**

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  **Ferron L. Korr, Esq.** 9/1/06

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 September 6, 2006

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

Make check payable to Florida Department of State

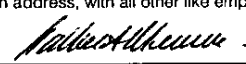
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CAYON, MAURICIO	3822 W 12THA VE	HIALEAH, FL 33012	<input checked="" type="checkbox"/>
VPSD	MATTHEWS, OWENS	3822 W 12THA VE	HIALEAH, FL 33012	<input checked="" type="checkbox"/>
TD	FUENTES, VICTOR I	3822 W 12THA VE	HIALEAH, FL 33012	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PPD	MENESES, CARLOS	1145 SAWGRASS CORP PKWY	SUNRISE, FL 33323	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.D	CASE, HOLLY	1145 SAWGRASS CORP PKWY	SUNRISE, FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TSD	EDMONSON, JOAN	1145 SAWGRASS CORP PKWY	SUNRISE, FL 33323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **Ferron L. Korr, Esq.** 1/27/06 954-846-7545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #