



FILED
Apr 21, 2006 8:00 am
Secretary of State

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

03-24-2006 90033 036 ****61.25

DOCUMENT # N05000009425 1. Entity Name HOMEOWNERS ASSOCIATION AT ARBORETUM, INC.					
Principal Place of Business 1070 SHORELAND BLVD MIAMI SHORES, FL 33138		Mailing Address 1070 SHORELAND BLVD MIAMI SHORES, FL 33138			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3530711	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAXWELL, MICHAEL 1070 SHORELAND BLVD MIAMI SHORES, FL 33138				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input checked="" type="checkbox"/> CR2E037 (11/05) <input type="checkbox"/> Not Applicable	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME MAXWELL, MICHAEL	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1070 SHORELAND BLVD	CITY-STATE-ZIP MIAMI SHORES, FL 33138		STREET ADDRESS 	CITY-STATE-ZIP 	
TITLE VPO	NAME LIBIETIS DE BRIEDIA, HELENA	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1070 SHORELAND BLVD	CITY-STATE-ZIP MIAMI SHORES, FL 33138		STREET ADDRESS 	CITY-STATE-ZIP 	
TITLE STD	NAME BRIEDIS, IVARS	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1070 SHORELAND BLVD	CITY-STATE-ZIP MIAMI SHORES, FL 33138		STREET ADDRESS 	CITY-STATE-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-STATE-ZIP 		STREET ADDRESS 	CITY-STATE-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-STATE-ZIP 		STREET ADDRESS 	CITY-STATE-ZIP 	
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 817, 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: 		3/1/2006 205/189-9410			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

0011108

