

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2007
Secretary of State**

DOCUMENT# N05000009425

Entity Name: HOMEOWNERS ASSOCIATION AT ARBORETUM, INC.

Current Principal Place of Business:

1070 SHORELAND BLVD
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

1070 SHORELAND BLVD
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 20-3530711 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:

Name and Address of New Registered Agent:

MAXWELL, MICHAEL
1070 SHORELAND BLVD
MIAMI SHORES, FL 33138 US

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: PD () Delete
Name: MAXWELL, MICHAEL
Address: 1070 SHORELAND BLVD
City-St-Zip: MIAMI SHORES, FL 33138

Title: VPD () Delete
Name: LIBIETIS DE BRIEDIA, HELENA
Address: 1070 SHORELAND BLVD
City-St-Zip: MIAMI SHORES, FL 33138

Title: STD () Delete
Name: BRIEDIS, IVARS
Address: 1070 SHORELAND BLVD
City-St-Zip: MIAMI SHORES, FL 33138

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL MAXWELL

PD

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date