

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2009  
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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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 J. MAXWELL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MGRM

03/30/2009

\_\_\_\_\_  
Date