


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000005169
 1. Entity Name
 HOMEOWNERS ASSOCIATION OF ARTHUR STREET HOMES, INC.



Principal Place of Business 7970 GRAND CANAL DRIVE MIAMI, FL 33144	Mailing Address 7970 GRAND CANAL DRIVE MIAMI, FL 33144
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04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8232584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAINARDI, GIOVANNI
 7970 GRAND CANAL DRIVE
 MIAMI, FL 33144

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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

U00000937726
 05/27/08-80055-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS MAINARDI, GIOVANNI 7970 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, JUDITH 7970 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARZON, DIANA 7970 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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