2008 NOT-FOR-PROFIT CORRATION ANNUAL REPORT

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

	ANNUAL	REPORT			May 0	01, 2008 08	:00 AN
DOCUMENT # N06000005169					Sec.	01, 2008 08 cretary of S	tate
1. Entity Name HOMEOWNERS ASSOCIATION OF ARTHUR STREET HOMES, INC.							
Principal Plac	ce of Business	Mailing Address					
7970 GRAND CANAL DRIVE MIAMI, FL 33144 7970 GRAND CANAL DRIVE MIAMI, FL 33144							
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	JO HOLL WINITE	111110 01 7)	4. FEI Numb 20-823		Applied For Not Applica	
•					of Status Desired	\$8.75 Additional	
	6. Name and Address of Current Re	gistered Agent	•	· - · · · · · · · · · · · · · · · · · · ·		The State of the S	- ,
	I, GIOVANNI			DΩ	NOT WR	ITE ANDROY	र
7970 GRA MIAMI, FL	ND CANAL DRIVE 33144				the state of the first of the first	and the second second	i.
				IIN	THIS SPA	CE, Sanda	
						Barrier Barrier	ge,i
	named entity submits this statement for ti tions of registered agent.	ne purpose of changing its register	ed office or re	gistered agent, or bo	th, in the State of Florida.	I am familiar with, and acce	ept
SIGNATURE							•
	Signature, typed or printed name of registered agent and	title il applicable. (NOTE Registere	id Agent signature r	equired when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000937 05/27/08-800	7726 055-018 61.25	ļ
10.	OFFICERS AND DI	RECTORS				4 6 4 8 6 A	
TITLE NAME	DPTS MAINARDI, GIOVANNI			•			
STREET ADDRESS CITY-ST-ZIP	7970 GRAND CANAL DRIVE MIAMI, FL 33144		•	•	, , , , , , , , , , , , , , , , , , , ,		
TITLE	D		-	•			
NAME STREET ADDRESS	GONZALEZ, JUDITH 7970 GRAND CANAL DRIVE					and the grant of the second	der -
CITY-ST-ZIP	MIAMI, FL 33144			,		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME	D CARZON DIANA		`	٠			
STREET ADDRESS	GARZON, DIANA 7970 GRAND CANAL DRIVE			DO	NOT MP	ITE	F 40 2
CITY-ST-ZIP	MIAMI, FL 33144				NOT WR		'at ,-
NAME .			٠	IN .	THIS SPA	CE.,,	
STREET ADDRESS					A STATE OF THE STA		Te
TITLE			1		h _f 4	and the second	F .

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12. Thereby 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:			
8	IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daylime Phone #