

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005169

FILED
Apr 27, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF ARTHUR STREET HOMES, INC.

Current Principal Place of Business:

7970 GRAND CANAL DRIVE
MIAMI, FL 33144

New Principal Place of Business:

125 N. 46 AVENUE
HOLLYWOOD, FL 33021

Current Mailing Address:

7970 GRAND CANAL DRIVE
MIAMI, FL 33144

New Mailing Address:

125 N. 46 AVENUE
HOLLYWOOD, FL 33021

FEI Number: 20-8232584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAINARDI, GIOVANNI
7970 GRAND CANAL DRIVE
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

GOTTLIEB, BRUCE M
125 N. 46 AVENUE
HOLLYWOOD, FL 33021 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: BRUCE M. GOTTLIEB

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: MAINARDI, GIOVANNI
Address: 7970 GRAND CANAL DRIVE
City-St-Zip: MIAMI, FL 33144

Title: D (X) Delete
Name: GONZALEZ, JUDITH
Address: 7970 GRAND CANAL DRIVE
City-St-Zip: MIAMI, FL 33144

Title: D (X) Delete
Name: GARZON, DIANA
Address: 7970 GRAND CANAL DRIVE
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: FLORES, CLAUDIA
Address: 1306 N. 30 COURT
City-St-Zip: HOLLYWOOD, FL 33021

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: CLAUDIA FLORES

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date