

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008964

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** ARABIAN ARMS CONDOMINIUM ASSOCIATION INC

**Current Principal Place of Business:**

548 N. UNIVERSITY DR  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

548 N. UNIVERSITY DR  
PLANTATION, FL 33324 US

**New Mailing Address:**

600 THREE ISLANDS BLVD  
SUITE 917  
HALLANDALE, FL 33009 US

FEI Number: 27-2502690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUPLOA MANAGEMENT, LLC  
600 THREE ISLANDS BLVD., #917  
HALLANDALE BEACH, FL 33009 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: PS  
Name: MORALES, DOLORES A  
Address: 548 N UNIVERSITY DR  
City-St-Zip: PLANTATION, FL 33324

Title: D  
Name: LEONARD, FELIX  
Address: 14230 NW 22 AVE., APT 2  
City-St-Zip: OPA LOCKA, FL 33054

Title: VP  
Name: BULLOCK, OLGA  
Address: 14250 NW 22 AVE #2  
City-St-Zip: OPA LOCKA, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: DOLORES A. MORALES

PS

02/09/2012

Electronic Signature of Signing Officer or Director

Date