

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 03, 2007
Secretary of State

DOCUMENT# N19201

Entity Name: AMARETTO OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**11981 SW 144 CT
201
MIAMI, FL 33186**New Principal Place of Business:**11981 SW 144 CT
SUITE 201
MIAMI, FL 33186**Current Mailing Address:**11981 SW 144 CT
201
MIAMI, FL 33186**New Mailing Address:**11981 SW 144 CT
SUITE 201
MIAMI, FL 33186**FEI Number:** 65-0006381**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PAIGE, ROBERT E ESQ.
9500 S. DADELAND BLVD.
#550
MIAMI, FL 33156 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:** S () Delete
Name: SCHILDBACH, RUTH
Address: 9805 SW 119 AVE
City-St-Zip: MIAMI, FL 33186**Title:** PD () Delete
Name: FRIEDLANDER, HOWARD
Address: 11850 SW 98 TERRACE
City-St-Zip: MIAMI, FL 53186**Title:** TD () Delete
Name: CUTHBERTSON, BRUCE
Address: 635 ALLENDALE RD
City-St-Zip: MIAMI, FL 33186**Title:** D () Delete
Name: SHARP, BYRON J
Address: 10364 SW 128 TER
City-St-Zip: MIAMI, FL 33176**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: FRIEDLANDER, HOWARD
Address: 11850 SW 98 TERRACE
City-St-Zip: MIAMI, FL 33186**Title:** T (X) Change () Addition
Name: CUTHBERTSON, BRUCE
Address: 635 ALLENDALE RD
City-St-Zip: MIAMI, FL 33149**Title:** VP (X) Change () Addition
Name: SHARP, BYRON J
Address: 10364 SW 128 TER
City-St-Zip: MIAMI, FL 33176**Title:** D () Change (X) Addition
Name: QUARRIE, ANDREW
Address: 11804 SW 99 LN
City-St-Zip: MIAMI, FL 33186

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: BRUCE CUTHBERSON

T

10/03/2007

Electronic Signature of Signing Officer or Director

Date