

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19201

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** AMARETTO OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11981 SW 144 CT  
SUITE 201  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

11981 SW 144 CT  
SUITE 201  
MIAMI, FL 33186

**New Mailing Address:**

**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: P ( ) Delete  
Name: FRIEDLANDER, HOWARD  
Address: 11850 SW 98 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: CUTHBERTSON, BRUCE  
Address: 635 ALLENDALE RD  
City-St-Zip: MIAMI, FL 33149

Title: VP ( ) Delete  
Name: SHARP, BYRON J  
Address: 10364 SW 128 TER  
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete  
Name: QUARRIE, ANDREW  
Address: 11804 SW 99 LN  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RUTH SCHILDBACH

S

02/13/2009

Electronic Signature of Signing Officer or Director

Date