

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27473

FILED
Apr 27, 2009
Secretary of State

Entity Name: ARABESQUE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11019 SW 77TH COURT CIRCLE
PINECREST, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

11019 SW 77TH COURT CIRCLE
PINECREST, FL 33156

New Mailing Address:

11019 SW 77TH COURT CIRCLE
PINECREST, FL 33156 US

FEI Number: 65-0062295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLAS, PETER W
100 SE SECOND STREET
44TH FLOOR
MIAMI, FL 33131 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: D () Delete
Name: REEDER, HOWARD S
Address: 11011 SW 77 COURT CIRCLE
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: BLACK, ELSA J
Address: 11044 SW 77 COURT CIRCLE
City-St-Zip: MIAMI, FL 33156

Title: T, D () Delete
Name: CASTRO, ALFONSO
Address: 11023 SW 77TH COURT CIRCLE
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: SCHERR, LANETTE M
Address: 11007 SW 77TH COURT CIRCLE
City-St-Zip: MIAMI, FL 33156

Title: P, D () Delete
Name: BELLAS, PETER W
Address: 11019 SW 77TH COURT CIRCLE
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: SHEVIN, SANDI
Address: 11004 SW 77TH COURT CIRCLE
City-St-Zip: MIAMI, FL 33156

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
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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: PETER W. BELLAS

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date