


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # N98000000217 1. Entity Name ARC BUILDING CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2100 E SAMPLE ROAD, SUITE 101 LIGHTHOUSE POINT, FL 33064	Mailing Address 2100 E SAMPLE ROAD, SUITE 101 LIGHTHOUSE POINT, FL 33064
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01142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0806613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARULLI-CHIDIAC, RITA 2100 E SAMPLE ROAD, SUITE 101 LIGHTHOUSE POINT, FL 33064

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IN THIS SPACE**

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000612438
02/02/07-80106-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD GARULLI-CHIDIAC, RITA 3700 NE 31ST AVE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CHIDIAC, ANTHONY 3700 NE 31ST AVE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOEFFLER, MICHAEL 2100 E SAMPLE RD STE 102 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA GARULLI-CHIDIAC *Rita Garulli-Chidiac* 1/16/07 954-782-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #