

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90185 028 \*\*\*\*61.25

**DOCUMENT # N99000001288**

1. Entity Name

**ARCADIA HOUSE CONDOMINIUM PROPERTY OWNERS  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**650 PENNSYLVANIA AVENUE  
MIAMI BEACH FL 33139**

Mailing Address

**650 PENNSYLVANIA AVENUE  
MIAMI BEACH FL 33139**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/06)

4. FEI Number

**65-0674266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLAZER & ASSOCIATES, P.A.  
1920 E. HALLNDALE BEACH BLVD.  
HALLNDALE BEACH FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DELISANTI, CHRIS  
STREET ADDRESS 640 PENNSYLVANIA AVE 08  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME GONZALEZ, DIOSMET  
STREET ADDRESS 640 PENNSYLVANIA AVE 32  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME ARENCIBIA, JUAN  
STREET ADDRESS 650 PENNSYLVANIA AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME WHITE, DOROTHY  
STREET ADDRESS 640 PENNSYLVANIA AVE 12A  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM ☒ Delete  
NAME DELLISANTI, CHRIS  
STREET ADDRESS 640 PENNSYLVANIA AVE #08  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE BM ☐ Change ☒ Addition  
NAME WILLIAM KOSKY  
STREET ADDRESS 650 Pennsylvania Ave #5  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE BM ☒ Delete  
NAME BETANCOURT, MARTHA  
STREET ADDRESS 650 PENNSYLVANIA AVE 26  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE BM ☐ Change ☒ Addition  
NAME Bertha Infiesta  
STREET ADDRESS 640 Pennsylvania Ave #9  
CITY-ST-ZIP Miami Beach, FL 33139

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dorothy White Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 305-538-1343

Date Daytime Phone #