

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 29, 2011
Secretary of State

DOCUMENT# N99000001288

Entity Name: ARCADIA HOUSE CONDOMINIUM PROPERTY OWNERS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**650 PENNSYLVANIA AVENUE
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**PO BOX 402507
MIAMI BEACH, FL 33140**New Mailing Address:**765 41ST STREET
MIAMI BEACH, FL 33140**FEI Number:** 65-0674266**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAKALAR & ASSOCIATES, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**BENNETT, JOAN
765 41ST STREET
MIAMI BEACH, FL 33140 US

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: JOAN BENNETT

08/29/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: DELLISANTI, CHRIS
Address: PO BOX 402336
City-St-Zip: MIAMI BEACH, FL 33140

Title: S/T
Name: WHITE, DOROTHY
Address: PO BOX 402336
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: LEGGIERI, ANDREA
Address: PO BOX 402336
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: KOSKY, WILLIAM
Address: PO BOX 402336
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: DANNIN, HARRIET
Address: PO BOX 402336
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY WHITE

ST

08/29/2011

Electronic Signature of Signing Officer or Director_____
Date