FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000032351 (5)

ARRO CONDOMINIUM ASSOCIATION, INC.

FILED Mar 17 1997 8:00am Secretary of State



Principal Place of Business				Mailing Address				''''	1 46611881 119 19191 \$1111 98111 98111 B8143 (1619 1184 1119) 91181 118) 4694					
11609-11623 N CORAL SPRING	.W. 20TH STREET 3S FL 33065			1609-11623 N.W. 28TH S ORAL SPRINGS FL 3306										
								3. Date In 04/21/	corporated or Qualified	3a. Date of Last Report 05/01/1996				
2. Principal Place of Business				2a. Mailing Address				4. FEI Nur				Ap	plied For	1
21			26 9365 W. SAMPLE RD				20	65-0580786 Not Applic					t Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certifica	ate of Status Desired		\$8.75 Additional Fee Required			
City & State				City & State			6. Election	Campaign Financing	\$5.00 May Be					
23			28	CORAL SPRINGS FL ZID 33065 Country			——	nd Contribution	Added to Fees					
Zip 24	4 25		29	30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
		Address of Current F	Regis	stered Agent				10. Name a	and Address of New Re	gistered A	gent]
	eis, brad					81	Name							
3750 NE 16TH TERRACE POMPANO BEACH FL 33064				8			Street A	t Address (P.O. Box Number is Not Acceptable)						1
1 101	m AND DURON	2 00001				63								1
					İ	84	City			FL	85	Zip (Code	1
SIGNATURE	m familiar with, and	f Sections 607,0502 at both, in the State of discount the obligation of many of registered agent a	oris o	f, Section 607.0505, Flo	orida Stat	ules		corporation submit oration's board of equired when reinstalling	s this statement for the p directors. I hereby acce	ourpose of the appo	chang	jing it nt as	s registered registered	
12.	organization, special principal	OFFICERS AND I			13.				NS/CHANGES TO OFFIC		DIRE	CIOR	S IN 12	13
TITLE				DELETE							Ch		Addition	
NAME	REVEIS, BRAD)			1.2 N/	\MF								
STREET ADDRESS 3750 NE 16TH TERRACE				1.3 \$1			ADDRESS							li
CITY-ST-ZIP	POMPANO BE	ACH FL 33064			1.4 Cf	TY-S	1-218							
TITLE	T			DELETE	2.1 10	ΠE	Į				∐ Ch	ange	Addition	ľ
NAME	BECK, FRANK				2.2 N/	ME	-							
STREET ADDRESS	3211 NW 54Th				23Si	HEET	ADDRESS							ļ
CITY-ST-ZIP	MARGATE FL	33063		D DOLL	2 4 0		T-ZIP				□ Ch		Addition	-
TITLE	NATIN DVAD			☐ DELETE	317/							ange		
NAME Street address	MALIN, DAVID 3211 NW 75TH				3.2 N/		ADDRESS							}
CITY-ST-ZIP	LAUDERHILL F				3.3.51 3.4. C		i							
TITLE	P IANE II IIFF I	<u> </u>		DELFTE	4 1 Til		11.71				☐ Ch	ange	Addition	1
NAME					4. 2 N		1					-		1
STREET ADDRESS					4.3 51	REEL	ADDRESS							
CITY-ST-ZIP		_			4.4 CI	1Y-\$	T-71P							}
TITLE				DELETE	5110	īL E					Ch	ange	Addition	٦
NAME					5.2 NA	MF								
STREET ADDRESS					5.3 51	REFT	address							
CITY-ST-ZIP					5.4 CI		1 - ZIP							
TITLE				☐ DELETE	6.1 10	118	- {				∐ Ch	ange	Addition	
NAME					6.2 N/									
STREET ADDRESS					6351	REFT	ADDRESS							
CITY-ST-ZIP	and the second	7			6.4 CI	1Y - 51	I-ZIP		07(0)() 11 14 6:	- 14 4		16		1
i 14. i do héreb	by certify that the in	mormation supplied V	viiti tř	nis niing does not quali'	ry for the	exer	mption sta	ated in Section 119	9.07(3)(i), Florida Statute	s. I further	certify	/ inat :	me	1

Information indicated on this annual report or supplemental annual 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 607, Florida Statules; and that my name appears in Block 12 or Block 13 if chapter of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if chapter of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name