

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000004623

**Entity Name:** ARBOR KEYS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jun 28, 2024**  
**Secretary of State**  
**5740203962CC**

**Current Principal Place of Business:**

C/O NEXT GENERATION MANAGEMENT SERVICES, LLC  
4501 TREEHOUSE LANE  
TAMARAC, FL 33319

**Current Mailing Address:**

ARBOR KEYS CONDOMINIUM ASSOCIATION, INC.  
C/O NEXT GENERATION MANAGEMENT 13790 NW 4TH ST, SUITE 102  
SUNRISE, FL 33325 US

**FEI Number: 20-3470840**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOHN PAUL ARCIA, P.A.  
175 S.W. 7TH STREET  
SUITE 2000  
MIAMI, FL 33130 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: JOHN PAUL ARCIA**

**06/28/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GONZALEZ, IRIS  
Address        C/O NEXT GENERATION  
                  MANAGEMENT SERVICES, LLC  
                  4501 TREEHOUSE LANE  
City-State-Zip: TAMARAC FL 33319

Title            VP  
Name            ABRAHIM, ABUSHIEBA  
Address        C/O NEXT GENERATION  
                  MANAGEMENT SERVICES, LLC  
                  4501 TREEHOUSE LANE  
City-State-Zip: TAMARAC FL 33319

Title            TREASURER  
Name            DUBITZKY, AARON  
Address        C/O NEXT GENERATION  
                  MANAGEMENT SERVICES, LLC  
                  4501 TREEHOUSE LANE  
City-State-Zip: TAMARAC FL 33319

Title            SECRETARY  
Name            LIBMAN, WAYNE  
Address        C/O NEXT GENERATION  
                  MANAGEMENT SERVICES, LLC  
                  4501 TREEHOUSE LANE  
City-State-Zip: TAMARAC FL 33319

Title            DIRECTOR  
Name            BERNSTEIN, RODRIGO  
Address        C/O NEXT GENERATION  
                  MANAGEMENT SERVICES, LLC  
                  4501 TREEHOUSE LANE  
City-State-Zip: TAMARAC FL 33319

*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: IRIS GONZALEZ**

**P**

**06/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date