

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17912

1. Entity Name

ARLINGTON PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 812~~  
~~BONITA SPRINGS FL 33060~~

~~P.O. BOX 812~~  
~~BONITA SPRINGS FL 33060~~

2. Principal Place of Business

3. Mailing Address

5730 12ave S.W

P.O. Box 7335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NA

City & State

NAPLES FL

City & State

Naples FL

Zip

34116

Country

Collier

Zip

34101

Country

Collier

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZWICK, JOSEPH  
25622 PARADISE DR  
BONITA SPRINGS FL 33023

Name Alan Mark Krinsky  
Street Address (P.O. Box Number is Not Acceptable)  
5730 12ave S.W.

City Naples

FL

Zip Code

34116

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, BRENT	
STREET ADDRESS	45 SHORES AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GREENBERG, KRISTON	
STREET ADDRESS	10111 SANDY HOLLOW LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZWICK, JOSEPH	
STREET ADDRESS	25622 PARADISE DR.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	vpp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Dinger	
STREET ADDRESS	3454 Paradise Way	
CITY-ST-ZIP	Naples FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90083 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)