


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90259 030 ****61.25

DOCUMENT # N17912		
1. Entity Name ARLINGTON PARK CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business C/O CFS 14871 HOLE-IN-ONE CIRCLE, #308 FORT MYERS FL 33919	Mailing Address P.O. BOX 368394 BONITA SPRINGS FL 34136-8394 <i>same</i>
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2. Principal Place of Business		3. Mailing Address <i>C/O CFS</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>14871 Hole-in-One Circle #308</i>	
City & State		City & State <i>Fort Myers FL 33919</i>	
Zip	Country	Zip	Country
<i>33919</i>		<i>33919</i>	<i>USA</i>

4. FEI Number 65-0075329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, L.A. C/O JASON HAMILTON MIKES, ESQ. 14241 METROPOLIS AVENUE, SUITE 100 FORT MYERS FL 33912	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, BOB 25885 PEBBLECREEK DRIVE BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHTER, FRED 4307-A ISLAND CIRCLE FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNN, DICK 10117 SANDY HOLLOW LANE BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Dir. Fred Richter 4307-A Island Circle Fort Myers FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. / Dir. Bonnie L. Baylor 24896 Carnoustie Ct. Bonita Springs FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. / Dir. Melanie Baylor 10113 Sandy Hollow Ln. #505 Bonita Springs FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. / Dir. Scott Porter 10105 Sandy Hollow Ln #201 Bonita Springs FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. / Dir. Ryan Richter 10107 Sandy Hollow Ln. #303 Bonita Springs FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Bonnie L. Baylor Pres/Dir.</i>	DATE: <i>2/28/05</i>	DAYTIME PHONE: <i>339-273-3556</i>
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