


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90445 037 ****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 C/O CFS 14871 HOLE-IN-ONE CIRCLE, #308 FORT MYERS FL 33919	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

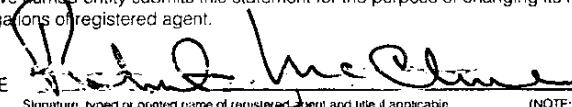


1st MOORE CR2E037 (10/05)

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		7. Name and Address of New Registered Agent Name Robert McClure P.A. Street Address (P.O. Box Number is Not Acceptable) 3511 Bonita Bay Blvd. Suite # 101 City Bonita Springs FL Zip Code 34134	
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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  DATE **4-20-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS \$61.25 Due By May 1, 2006	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHTER, FRED 4307-A ISLAND CIRCLE FORT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAYLOR, BIBBIEL 24896 CARNOUSTIE CT BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Baylor Bonnie
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAYLOR, MELANIE 10113 SANDY HOLLOW LNM, # 201 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTER, SCOTT 10105 SANDY HOLLOW LN, # 201 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHTER, RYAN 10107 SANDY HOLLOW LN, # 303 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Diomedes Hernandez #108 10101 Sandy Hollow Ln Bonita Springs A. 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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  DATE **4/20/06** **239-273-3556**