


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90103 043 ****61.25

DOCUMENT # N17912

1. Entity Name
ARLINGTON PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

C/O CFS **C/O CFS**
14871 HOLE-IN-ONE CIRCLE, #308 **14871 HOLE-IN-ONE CIRCLE, #308**
FORT MYERS, FL 33919 **FORT MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
65-0075329 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCLURE, ROBERT P.A.
3511 BONITE BAY BLVD
SUITE 101
BONITA SPRINGS, FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAYLOR, BONNIE
STREET ADDRESS	24896 CARNOUSTIE CT
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VP V.P.D
NAME	BAYLOR, MELANIE
STREET ADDRESS	10113 SANDY HOLLOW LNM, # 201
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VPD
NAME	PORTER, SCOTT
STREET ADDRESS	10105 SANDY HOLLOW LN, # 201
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D. Hernandez S.D
NAME	10101 Sandy Hollow Ln #108
STREET ADDRESS	Bonita Springs, FL 34135
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Bonnie L. Baylor Bonnie 4/10/08 239-273-354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #