

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 19, 2009  
Secretary of State**

DOCUMENT# N17912

**Entity Name:** ARLINGTON PARK CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**13151 KINGS POINT DR.  
#11A  
FORT MYERS, FL 33919**New Principal Place of Business:**SANDY HOLLOW LANE  
BONITA SPRINGS, FL 34135**Current Mailing Address:**C/O CFS  
14871 HOLE-IN-ONE CIRCLE, #308  
FORT MYERS, FL 33919**New Mailing Address:**

FEI Number: 65-0075329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MCCLURE, ROBERT P.A.  
3511 BONITE BAY BLVD  
SUITE 101  
BONITA SPRINGS, FL 34134 US**Name and Address of New Registered Agent:**MCCLURE, ROBERT P.A.  
3511 BONITA BAY BLVD  
SUITE 101  
BONITA SPRINGS, FL 34134 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:

06/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: BAYLOR, BONNIE  
Address: 24896 CARNOUSTIE CT  
City-St-Zip: BONITA SPRINGS, FL 34135Title: VPD ( ) Delete  
Name: RICHTER, FRED  
Address: 10101 SANDY HOLLOW LNM, # 103  
City-St-Zip: BONITA SPRINGS, FL 34135Title: SD ( ) Delete  
Name: GIMENEZ, DAVID  
Address: 10101 SANDY HOLLOW LANE #104  
City-St-Zip: BONITA SPRINGS, FL 34135Title: TR ( ) Delete  
Name: BAYLOR, MELANIE  
Address: 10113 SANDY HOLLOW LANE #505  
City-St-Zip: BONITA SPRINGS, FL 34135**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES L. REPPERT

MR.

06/19/2009

Electronic Signature of Signing Officer or Director

Date