

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90029 006 \*\*\*150.00

DOCUMENT # 299093

1. Corporation Name  
ARLINGTON APARTMENTS INC

Principal Place of Business  
2760 EGRET WAY  
COOPER CITY FL 33026  
US

Mailing Address  
2760 EGRET WAY  
COOPER CITY FL 33026  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/29/1965

4. FEI Number  
59-6998703

Applied For  
☒ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 6711 EAST Cypresshead DR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 6711 EAST Cypresshead DR  
Suite, Apt. #, etc.

22 City, State  
23 PARKLAND, FLORIDA  
24 33067 25 USA

27 City, State  
28 PARKLAND, FLORIDA  
29 33067 30 USA

9. Name and Address of Current Registered Agent

PARKER, JUDY ABERCROMB  
2760 EGRET WAY  
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	PARKER, JUDY ABERCROMB	
STREET ADDRESS	2760 EGRET WAY	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PARKER, PATRICK T	
STREET ADDRESS	2760 EGRET WAY	
CITY-ST-ZIP	COOPER CITY 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARKER, JUDY ABERCROMB	
1.3 STREET ADDRESS	6711 EAST Cypresshead DR	
1.4 CITY-ST-ZIP	PARKLAND, FL 33067	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PARKER, PATRICK T	
2.3 STREET ADDRESS	6711 EAST Cypresshead DR	
2.4 CITY-ST-ZIP	PARKLAND, FL 33067	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-99 954 3408564

CR2E034 (1/98)