## 2007 NOT-FOR-PROFIT CORPORATION

## Apr 19, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #750338** 04-19-2007 90185 003 \*\*\*\*61.25 ARLINGTON EXECUTIVE PARK CONDOMINIUM ASSOCIATION.INC. Principal Place of Business Mailing Address 8596-B ARLINGTON EXP 8596-B ARLINGTON EXP JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chq-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-1963750 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGERS, HAROLD J 8596-B ARLINGTON EXPRESSWAY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32211 City Zip Code 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) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE PΩ ☐ Delete TITLE Change ☐ Addition VARGAS, CLARK NAME NAME VARGAS CLARK 8808 AKLINGTON EXP 5121 BOWDEN RD #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP ACKSONVILLE, FL 32211 TD ☐ Change ☐ Addition TITLE ☐ Delete TITLE ROGERS, HAROLD NAME NAME 8596-B ARLINGTON EXP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 CITY-ST-7IP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 as

ENING OFFICER OR DIRECTOR

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

FILED