2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 768449

Entity Name: ARLINGTON BY THE RIVER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2280 SHEPARD STREET
JACKSONVILLE, FL 322113283

New Principal Place of Business:

Current Mailing Address:

2280 SHEPARD STREET
JACKSONVILLE, FL 322113283

New Mailing Address:

FEI Number: 59-0155625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLAWAY, ALISON I
2280 SHEPARD STREET #403
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOPSON, ROBERT
Address: 2280 SHEPARD STREET #203
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VP ( ) Delete
Name: SUMMERALL, W N
Address: 2280 SHEPARD STREET #603
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: TD ( ) Delete
Name: HOLLAWAY, ALISON I
Address: 2280 SHEPARD STREET #403
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: SD ( ) Delete
Name: NELSON, EDITH,
Address: 2280 SHEPARD STREET #101
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D ( ) Delete
Name: STEELE, SUSAN
Address: 2280 SHEPARD STREET #606
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D ( ) Delete
Name: PICKETT, GEORGE
Address: 2280 SHEPARD STREET #204
City-St-Zip: JACKSONVILLE, FL 32211 US

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:

Title: D (X) Change ( ) Addition
Name: PATRICK, GERRI
Address: 2280 SHEPARD STREET #303
City-St-Zip: JACKSONVILLE, FL 32211 US

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: ALISON I. HOLLAWAY TD 04/06/2009
Electronic Signature of Signing Officer or Director — Date