

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00820

FILED
Apr 14, 2009
Secretary of State

Entity Name: A.R.G. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-2578287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERDINANDSEN ENTERPRISES, INC.
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806 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: D () Delete
Name: SPRAGUE, ERIKA
Address: 851 MILES AVE #23
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: COWARD, JAMES
Address: 851 MILES AVE, UNIT #4
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: TRINIDAD, OSCAR
Address: 851 MILES ARC #1
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: HAWKINS, BARBARA
Address: 851 MILES AVE #21
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: HANUSCK, MAUREEN
Address: 851 MILES AVE #13
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPRAGUE, ERIKA
Address: 2884 S. OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Change () Addition
Name: COWARD, JAMES
Address: 2884 S. OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

Title: PD (X) Change () Addition
Name: TRINIDAD, OSCAR
Address: 2884 S. OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

Title: VPD (X) Change () Addition
Name: HAWKINS, BARBARA
Address: 2884 S. OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

Title: D (X) Change () Addition
Name: LOOMIS, CHRIS
Address: 2884 S. OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

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: OSCAR TRINIDAD

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date