


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/30/2004-90013-010-\$61.25-\$61.25

DOCUMENT # N03000000873
 1. Entity Name
ARLINGTON TERRACE CONDOMINIUM ASSOCIATION, INC.



FILED
 04 SEP 30 PM 1:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA




MOORE CR2E037 (4/04)

Principal Place of Business: **8640 SEMINOLE BLVD. SEMINOLE FL 33772**
 Mailing Address: **8640 SEMINOLE BLVD. SEMINOLE FL 33772**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **Box 2085**
 Suite, Apt. #, etc.

City & State: **St. Petersburg FL**

Zip: **33731** Country: **Pinellas**

4. FEI Number: **06-1678745**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE FL 33772

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** 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)

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MANCINELLI, PAUL M. STREET ADDRESS: 237 - 7TH AVENUE N., #2 CITY-ST-ZIP: ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE: VD NAME: MANCINELLI, YOLANDA STREET ADDRESS: 237 - 7TH AVENUE N., #2 CITY-ST-ZIP: ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE: STD NAME: MANCINELLI, RHONDA STREET ADDRESS: 237 - 7TH AVENUE N., #2 CITY-ST-ZIP: ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 an address, with all other like empowered.

SIGNATURE:  **8-24-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #