

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 28, 2006  
Secretary of State**

DOCUMENT# N03000000873

Entity Name: ARLINGTON TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

340 4TH STREET SOUTH  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2085  
ST. PETERSBURG, FL 33731

**New Mailing Address:**

FEI Number: 06-1678745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTCHER, SIMON M  
340 4TH STREET SOUTH  
APT. #1  
ST. PETERSBURG, FL 33701 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: PD ( ) Delete  
Name: BUTCHER, SIMON M  
Address: 340 4TH STREET SOUTH, APT. #1  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VD ( ) Delete  
Name: PAULUS, CAREY  
Address: 340 4TH STREET SOUTH, APT. #4  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: STD ( ) Delete  
Name: STONE, LARRY L  
Address: 340 4TH STREET SOUTH, APT. #3  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: KENEDI, AARON  
Address: 222 E 3RD STREET 4D  
City-St-Zip: NY, NY 10009

**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: D (X) Change ( ) Addition  
Name: CHEN, JACKY  
Address: 340 4TH STREET SOUTH, APT #2  
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SIMON M. BUTCHER

PD

02/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date