

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2008
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:

PAULUS, CAREY A
204 37TH AVE. N
#262
ST. PETERSBURG, FL 33704 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: PAULUS, CAREY A
Address: 340 4TH STREET SOUTH, APT. #4
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VD () Delete
Name: STONE, MARCY
Address: 340 4TH STREET SOUTH, APT. #3
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: CHEN, JACKY
Address: 340 4TH STREET SOUTH, APT #2
City-St-Zip: ST. PETERSBURG, FL 33701 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:

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: CAREY PAULUS

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date