2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000873

FILED Apr 21, 2008 Secretary of State

Entity Name: ARLINGTON TERRACE CONDOMINIUM ASSOCIATION, INC.

urrent F	Principal Place	of Business:	New Principal Place	e of Business:
	STREET SOUT RSBURG, FL			
Current Mailing Address:		New Mailing Addres	ss:	
P.O. BOX ST. PETE	.2085 :RSBURG, FL	33731		
El Numbe	r: 06-1678745	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	RSBURG, FL			
the Stat	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
the Stat	e of Florida.	submits this statement for the nic Signature of Registered Ag		ed office or registered agent, or both, Date
the Stat	e of Florida.	nic Signature of Registered Ag	ent	
the State GNATU FFICER le: ume: ldress:	e of Florida. RE: Electron S AND DIREC PD () PAULUS, CARE	nic Signature of Registered Ag TORS: Delete EY A ET SOUTH, APT. #4	ent	Date
the State GNATU FFICER le: ime: idress: ty-St-Zip: le: ime: idress:	e of Florida. RE: Electror S AND DIREC PD () PAULUS, CARE 340 4TH STRE ST. PETERSBL VD () STONE, MARC	nic Signature of Registered Ag TORS: Delete SY A ET SOUTH, APT. #4 JRG, FL 33704 Delete Y ET SOUTH, APT. #3	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
the Stat	E of Florida. RE: Electror S AND DIREC PD () PAULUS, CARE 340 4TH STRE ST. PETERSBL VD () STONE, MARC 340 4TH STRE ST. PETERSBL ST. PETERSBL	TORS: Delete FY A Delete FY A Delete FY A DET SOUTH, APT. #4 DRG, FL 33704 Delete Y ET SOUTH, APT. #3 DRG, FL 33701 Delete CL	Title: Address: City-St-Zip: Name: Address: Address: Address: Address:	Date SES TO OFFICERS AND DIRECTO () Change () Addition

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