

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000873

FILED  
Feb 16, 2010  
Secretary of State

**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  
Name: PAULUS, CAREY A  
Address: 340 4TH STREET SOUTH, APT. #4  
City-St-Zip: ST. PETERSBURG, FL 33704

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

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

Title: D  
Name: CHEN, JACKY  
Address: 340 4TH STREET SOUTH, APT #2  
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby 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 all other like empowered.

SIGNATURE: CAREY PAULUS

MR.

02/16/2010

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

\_\_\_\_\_  
Date