
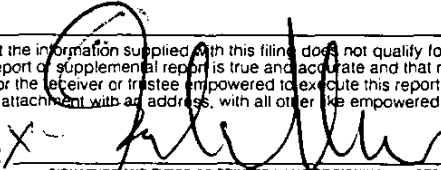


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90041 014 \*\*\*\*61.25

<b>DOCUMENT # N04000009967</b> 1. Entity Name <b>ARLINGTON BAY HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>COMMUNITY MANAGEMENT PROFESSIONALS</b> <b>5401 SOUTH KIRKMAN RD #450</b> <b>ORLANDO, FL 32819</b>			Mailing Address <b>COMMUNITY MANAGEMENT PROFESSIONALS</b> <b>5401 SOUTH KIRKMAN RD #450</b> <b>ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2618475</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COMMUNITY MANAGEMENT PROFESSIONALS</b> <b>5401 SOUTH KIRKMAN RD</b> <b>#450</b> <b>ORLANDO, FL 32819</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUCHER, BECKY		NAME	JORGE LOAYZA	
STREET ADDRESS	151 SOUTHHALL LANE SUITE 200		STREET ADDRESS	9030 Edenshire Cir.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	OV	<input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLANDER, NICHOL		NAME	Suleiman MUSALLAM	
STREET ADDRESS	151 SOUTHHALL LANE SUITE 200		STREET ADDRESS	9042 Edenshire Cir.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEN, WILLIAM		NAME		
STREET ADDRESS	151 SOUTHHALL LANE SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
			Date: <b>1/23/08</b> Daytime Phone #: <b>727 417 1529</b>		