

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009967

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: ARLINGTON BAY HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

COMMUNITY MANAGEMENT PROFESSIONALS  
5401 SOUTH KIRKMAN RD #450  
ORLANDO, FL 32819

## New Principal Place of Business:

5401 S. KIRKMAN ROAD  
STE. 450  
ORLANDO, FL 32819

## Current Mailing Address:

COMMUNITY MANAGEMENT PROFESSIONALS  
5401 SOUTH KIRKMAN RD #450  
ORLANDO, FL 32819

## New Mailing Address:

5401 S. KIRKMAN ROAD  
STE. 450  
ORLANDO, FL 32819

FEI Number: 20-2618475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS  
5401 SOUTH KIRKMAN RD  
#450  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS  
5401 SOUTH KIRKMAN RD  
STE. 450  
ORLANDO, FL 32819 US

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: KAREN SFARA

01/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOAYZA, JORGE  
Address: 9030 EDENSHIRE CIR  
City-St-Zip: ORLANDO, FL 32837

Title: ST ( ) Delete  
Name: MUSALLAM, SULEIMAN  
Address: 9042 EDENSHIRE CIR  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: FOHR, ROBERT  
Address: 9240 EDENSHIRE CIRCLE  
City-St-Zip: ORLANDO, FL 32837

Title: ST ( ) Change (X) Addition  
Name: MUSALLAM, SULEIMAN  
Address: 9042 EDENSHIRE CIRCLE  
City-St-Zip: ORLANDO, FL 32837

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: JORGE LOAYZA

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date