## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # N04000011917 08 NOV -3 PM 1: 17 ARLINGTON PARK AT WESTCHASE CONDOMINIUM SECHLIANS - STATE TALLAHASSEE, FLORIDA ASSOCIATION, INC. Principal Place of Business Mailing Address 2870 SCHERER DR. N 2870 SCHERER DR. N #100 #100 SAINT PETERSBURG, FL 33716 SAINT PETERSBURG, FL 33716 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09292008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-2078618 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WETHERINGTON, HAMILTON 1010 N FLORIDA AVENUE TAMPA, FL 33602 8. The above named entity submits this star ise 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 Signature, typed or printed name of regi-(NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change Addition TIMBA, JOHN TIBMA, JOHN NAME NAME STREET ADDRESS 9751 MEADOWFIELD CIR #204 STREET ADDRESS TAMPA, FL 33626 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition 600137012266 10/17/08--01020--007 \*\*61 COLLINS, CAROL NAME 9805 MEADOW FIELDS CIR 703 STREET ADDRESS STREET ADORESS \*\*61.25 CITY-ST-ZIP **TAMPA, FL 33626** CITY-ST-ZIP **VPS** ☐ Delete ☐ Change ☐ Addition TIMKO, ALBERT NAME NAME STREET ADDRESS 9815 MEADOW FIELDS CIR 707 STREET ADDRESS TAMPA, FL 33629 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change **Addition** CLAUDE, MICHAEL 9878 MEAdOW Field Cir STREET ADDRESS STREET ADDRESS TAMBA, FL 33629 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition RHODES, NAME NAME 942 WESTPARKVILLASE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 pir trustee employered 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 v