2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011917

FILED Apr 21, 2009 Secretary of State

Entity Name: ARLINGTON PARK AT WESTCHASE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2870 SCHERER DR. N #100 SAINT PETERSBURG, FL 33716 **New Mailing Address: Current Mailing Address:** 2870 SCHERER DR. N #100 SAINT PETERSBURG, FL 33716 FEI Number: 20-2078618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RABIN, BENNETT L BUNDÝ & RABIN, P.A 200 NORTH PINÉ AVE., STE A OLDSMAR, FL 34677 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TIBMA, JOHN TIBMA, JOHN Name: Name: 9751 MEADOWFIELD CIR #204 Address: 9751 MEADOWFIELD CIR #204 Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 Title: Title: (X) Change () Addition () Delete COLLINS, CAROL Name: DESAI, CHINTAN Name: Address: 9805 MEADOW FIELDS CIR 703 Address: 9827 MEADOW FIELDS CIR City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 Title: **VPS** () Delete Title: () Change () Addition TIMKO, ALBERT Name: Name: 9815 MEADOW FIELDS CIR 707 Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: CLAUDE, MICHAEL Name: CLAUDE, MICHAEL 9878 MEADOW FIELD CIR. 9878 MEADOW FIELD CIR. Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629 Title: () Delete Title: () Change () Addition RHODES, SALLY Name: Name: 9842 W. PARK VILLAGE DR. Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip:

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: JOHN TIBMA P 04/21/2009