

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 16, 2010
Secretary of State

DOCUMENT# N05000009285

Entity Name: ARLINGTON COVE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**335 CIRCLEWOOD DR
VENICE, FL 34293**New Principal Place of Business:**4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209**Current Mailing Address:**PO BOX 595
VENICE, FL 34285**New Mailing Address:**4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209**FEI Number:** 20-4076291**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SORICHETTI, GARY M
335 CIRCLEWOOD DR
VENICE, FL 34293 US**Name and Address of New Registered Agent:**PLATINUM COMMUNITY MANAGEMENT
4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209 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: MICHELLE THIBEAULT

06/16/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SORICHETTI, GARY M
Address: 335 CIRCLEWOOD DR
City-St-Zip: VENICE, FL 34293

Title: VP
Name: SORICHETTI, ANDREW
Address: 335 CIRCLEWOOD DRIVE
City-St-Zip: VENICE, FL 34293

Title: S/T
Name: MULLER, WENDY
Address: 335 CIRCLEWOOD DRIVE
City-St-Zip: VENICE, FL 34293

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: MICHELLE THIBEAULT

CAM

06/16/2010

Electronic Signature of Signing Officer or Director

Date