

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000147

FILED
Mar 19, 2008
Secretary of State

Entity Name: ARLINGTON LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

146 2ND STREET NORTH
#202
ST. PETERSBURG, FL 33701

New Principal Place of Business:

523 4TH AVE S
ST. PETERSBURG, FL 33701

Current Mailing Address:

146 2ND STREET N
#202
ST. PETERSBURG, FL 33701

New Mailing Address:

5901 SUN BLVD
#203
ST. PETERSBURG, FL 33715

FEI Number: 87-0761119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMG
146 2ND STREET NORTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

PBM
5901 SUN BLVD.
203
ST. PETERSBURG, FL 33715 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: W NEWTON

03/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRUNZO, JOHN
Address: 523 4TH AVE S. #15
City-St-Zip: ST PETERSBURG, FL 33701

Title: VD () Delete
Name: HOLDERBAUM, LEE
Address: 535 4TH AVE SOUTH #9
City-St-Zip: ST PETERSBURG, FL 33701

Title: STD () Delete
Name: HARRIS, RICHARD
Address: 523 4TH AVE SOUTH #11
City-St-Zip: ST PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: WCN

RA

03/19/2008

Electronic Signature of Signing Officer or Director

Date