

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000147

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** ARLINGTON LOFTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

523 4TH AVE S  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SUN BLVD  
#203  
ST. PETERSBURG, FL 33715

**New Mailing Address:**

**FEI Number:** 87-0761119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PBM  
5901 SUN BLVD.  
203  
ST. PETERSBURG, FL 33715 US

**Name and Address of New Registered Agent:**

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:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: PENROSE, BILL  
Address: 535 4TH AVE SOUTH #9  
City-St-Zip: ST PETERSBURG, FL 33701

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

Title: D ( ) Change (X) Addition  
Name: YOUNG, MEGAN  
Address: 523 4TH AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33715

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

02/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date