

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012143

FILED
Sep 08, 2008
Secretary of State

Entity Name: ANTIQUE ASSOCIATION OF ARCADIA,INC.

Current Principal Place of Business:

104 WEST OAK STREET
ARCADIA, FL 34266

New Principal Place of Business:

215 WEST OAK STREET
ARCADIA, FL 34266

Current Mailing Address:

104 WEST OAK STREET
ARCADIA, FL 34266

New Mailing Address:

208 N. MONROE AVE.
ARCADIA, FL 34266

FEI Number: 94-1687665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LONG, CYNTHIA
10006 284TH STREET E
MYAKKA CITY, FL 34251 US

Name and Address of New Registered Agent:

KILKELLY, TIMOTHY
233 N. MONROE AVE
ARCADIA, FL 34266 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: TIMOTHY KILKELLY

09/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LONG, CYNTHIA
Address: 10006 284TH STREET E
City-St-Zip: MYAKKA CITY, FL 34251

Title: TD () Delete
Name: COLLIN, ROSANNE
Address: 208 N. MONROE
City-St-Zip: ARCADIA, FL 34266

Title: VPD () Delete
Name: KILKELLY, TIM
Address: 104 W. OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: SD () Delete
Name: JUDD, ROBERT
Address: 104 W. OAK ST.
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KILKELLY, TIMOTHY
Address: 233 N. MONROE
City-St-Zip: ARCADIA, FL 34266

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

Title: VPD (X) Change () Addition
Name: HALBRITTER, BARBARA
Address: 132 W. OAK
City-St-Zip: ARCADIA, FL 34266

Title: SD (X) Change () Addition
Name: OTTO, RENEE
Address: 233 N. MONROE AVE.
City-St-Zip: ARCADIA, FL 34266

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: TIMOTHY KILKELLY

PD

09/08/2008

Electronic Signature of Signing Officer or Director

Date