

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 08, 2009
Secretary of State

DOCUMENT# N07000012143

Entity Name: ANTIQUE ASSOCIATION OF ARCADIA,INC.**Current Principal Place of Business:**215 WEST OAK STREET
ARCADIA, FL 34266**New Principal Place of Business:**132 WEST OAK STREET
ARCADIA, FL 34266**Current Mailing Address:**208 N. MONROE AVE.
ARCADIA, FL 34266**New Mailing Address:**P.O.BOX 3400.
ARCADIA, FL 34265**FEI Number:** 03-0591917**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KILKELLY, TIMOTHY
233 N. MONROE AVE
ARCADIA, FL 34266 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: KILKELLY, TIMOTHY
Address: 233 N. MONROE
City-St-Zip: ARCADIA, FL 34266**Title:** TD () Delete
Name: COLLIN, ROSANNE
Address: 208 N. MONROE
City-St-Zip: ARCADIA, FL 34266**Title:** VPD () Delete
Name: HALBRITTER, BARBARA
Address: 132 W. OAK
City-St-Zip: ARCADIA, FL 34266**Title:** SD () Delete
Name: OTTO, RENEE
Address: 233 N. MONROE AVE.
City-St-Zip: ARCADIA, FL 34266**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** S (X) Change () Addition
Name: FINK, SHERI
Address: 4 WEST OAK STREET
City-St-Zip: ARCADIA, FL 34266**Title:** VP (X) Change () Addition
Name: COLLIN, ROSANNE
Address: 208 N. MONROE
City-St-Zip: ARCADIA, FL 34266**Title:** P (X) Change () Addition
Name: HALBRITTER, BARBARA
Address: 132 W. OAK
City-St-Zip: ARCADIA, FL 34266**Title:** T (X) Change () Addition
Name: DIDLAUKIES, ALGIE
Address: 219 WEST OAK STREET
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: ALGIE DIDLAUKIES

TREA

10/08/2009

Electronic Signature of Signing Officer or Director

Date