

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009098

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** ARLINGTON AVENUE APARTMENTS, INC.

**Current Principal Place of Business:**

445 31ST STREET NORTH  
ST PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

445 31ST STREET NORTH  
ST PETERSBURG, FL 33713

**New Mailing Address:**

**FEI Number:** 26-4225646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MACMATH, GARY  
% BOLEY CENTERS, INC.  
445 31ST STREET NORTH  
ST PETERSBURG, FL 33713 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: CEO  
Name: MACMATH, GARY  
Address: 445 31ST STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: PD  
Name: MISIEWICZ, PAUL  
Address: 445 31ST STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: VPD  
Name: LOTT, MARTIN  
Address: 445 31ST STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: ASD  
Name: HUMBURG, JACK  
Address: 445 31ST STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: STD  
Name: POYNTER, SALLY  
Address: 445 31ST STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

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:** GARY MACMATH

CEO

01/10/2012

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

\_\_\_\_\_  
Date