


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N09243 1. Entity Name ARLINGTON PARK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1897 ARLINGTON CT LONGWOOD, FL 32779-2793 US	Mailing Address 1897 ARLINGTON CT LONGWOOD, FL 32779-2793 US
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01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2667210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDERSON, BRUCE V 1897 ARLINGTON CT LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANSON, JOE 1874 ARLINGTON CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAIMWOOD, PHIL 1892 ARLINGTON CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDERSON, BRUCE V 1897 ARLINGTON CT LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

RECORDED
01/27/05-50012-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce V. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-05 407-869-1257
Date Daytime Phone #