

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N09243
 1. Entry Name
ARLINGTON PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1897 ARLINGTON CT **1897 ARLINGTON CT**
LONGWOOD, FL 32779-2793 US **LONGWOOD, FL 32779-2793 US**



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

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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RECORDED
 01/27/05-5012-028 61.25

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 01-22-05 407-869-1257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #