


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90012 039 ****61.25

DOCUMENT # N10880	
1. Entity Name ARRAWANA PARK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 201 S. ARRAWANA AVE. APT. F TAMPA, FL 33609	Mailing Address 201 S. ARRAWANA AVE. APT. F TAMPA, FL 33609
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2. Principal Place of Business - No P.O. Box # 201 S. Arrawana Ave.	3. Mailing Address 201 S. Arrawana Ave
Suite, Apt. #, etc. Apt. G	Suite, Apt. #, etc. Apt. G
City & State Tampa FL	City & State Tampa, FL
Zip 33609	Country USA

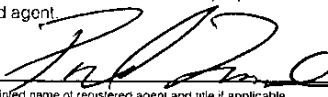
02122008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2642336	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAVLAKOS, STEPHANIE 201 S. ARRAWANA AVE. APT. J TAMPA, FL 33609	
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7. Name and Address of New Registered Agent	
Name Paul Leone	
Street Address (P.O. Box Number is Not Acceptable) 201 S. Arrawana Ave Apt. G	
City Tampa	FL Zip Code 33609

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 3/5/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAVLAKOS, STEPHANIE 201 S. ARRAWANA AVE. APT. J TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWITT, PAUL E 201 S. ARRAWANA AVE. APT. F TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director Paul Leone 201 S. Arrawana Ave Apt G Tampa, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Amir Salari 201 S. Arrawana Ave Apt. A Tampa, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Kurian P.O. Box 22097 St. Petersburg, FL 33742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE 3/5/08	DAYTIME PHONE # 813-746-8507
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