

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N10880

1. Entity Name
ARRAWANA PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
201 S. ARRAWANA AVE.
APT. G
TAMPA, FL 33609

Mailing Address
201 S. ARRAWANA AVE.
APT. F
TAMPA, FL 33609

FILED
08 MAY 20 AM 9:18
CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
550 N REO St Ste 300
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

04022008 Chg-NP CR2E037 (12/06)

City & State
Tampa FL
Zip 33609 Country USA

City & State
City
Country

4. FEI Number
59-2642336
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONE, PAUL
201 S. ARRAWANA AVE.
APT. G
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name Wade Meyers RealManage LLC
Street Address (P.O. Box Number is Not Acceptable)
550 N. REO Street Ste 300
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 *Wade Meyers*
Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

5/14/08
DATE

Amended AR is \$61.25

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

TITLE PD
NAME LEONE, PAUL
STREET ADDRESS 201 S. ARRAWANA AVE APT G
CITY-ST-ZIP TAMPA, FL 33609 ☐ Delete

TITLE VP
NAME SALARI, AMIR
STREET ADDRESS 201 S. ARRAWANA AVE APT. A
CITY-ST-ZIP TAMPA, FL 33609 ☐ Delete

TITLE Sec/Treas.
NAME KURIAN, TOM
STREET ADDRESS P.O. BOX 22097
CITY-ST-ZIP SAINT PETERSBURG, FL 33742 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Tom Kurian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 813-766-8507
Date Daytime Phone #