

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10880

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** ARRAWANA PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

550 N. REO ST., STE. 300  
TAMPA, FL 33609

**New Principal Place of Business:**

4902 EISENHOWER BLVD  
SUITE 216  
TAMPA, FL 33634

**Current Mailing Address:**

550 N. REO ST., STE. 300  
TAMPA, FL 33609

**New Mailing Address:**

4902 EISENHOWER BLVD  
SUITE 216  
TAMPA, FL 33634

**FEI Number:** 59-2642336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEYERS, WADE  
C/O REAL MANAGE, LLC  
550 N. REO STREET, STE. 300  
TAMPA, FL 33609 US

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

MYERS, WADE  
C/O REAL MANAGE, LLC  
4902 EISENHOWER BLVD, SUITE 216  
TAMPA, FL 33634 US

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: WADE MYERS

01/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEONE, PAUL  
Address: 201 S. ARRAWANA AVE APT G  
City-St-Zip: TAMPA, FL 33609

Title: VP ( ) Delete  
Name: SALARI, AMIR  
Address: 201 S. ARRAWANA AVE APT. A  
City-St-Zip: TAMPA, FL 33609

Title: ST ( ) Delete  
Name: KURIAN, TOM  
Address: P.O. BOX 22097  
City-St-Zip: SAINT PETERSBURG, FL 33742

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL LEONE

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date