


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90010 049 ****61.25

DOCUMENT # N14005					
1. Entity Name ARLINGTON PARK HOMEOWNERS' ASSOCIATION OF ST. PETERSBURG, INC.					
Principal Place of Business 2020 59TH CIRCLE SOUTH ST. PETERSBURG, FL 33712		Mailing Address 2020 59TH CIRCLE SOUTH ST. PETERSBURG, FL 33712			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2662175	
				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			7. Name and Address of New Registered Agent		
ADVANCED PROPERTY MANAGEMENT, INC. 794 SOUTH PASADENA AVENUE SAINT PETERSBURG, FL 33707			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DT	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WILLIE		NAME	SUSIE TONIUTI	
STREET ADDRESS	2020 59TH CIR SOUTH		STREET ADDRESS	1795 58th CIRCLE S	
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP	ST PETERSBURG, FL 33712	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DIRECTOR PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTLE, CHARLES III		NAME		
STREET ADDRESS	1875 59TH CIRCLE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DIRECTOR SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, BUSARA		NAME		
STREET ADDRESS	2007 59 CIRCLE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ZALA		NAME	DAVID MCKAY	
STREET ADDRESS	1900 58TH CIRCLE SO		STREET ADDRESS	1773 58th CIRCLES	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	ST PETERSBURG, FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWIE, ROBERT		NAME	MIKE SINGLETON	
STREET ADDRESS	2020 59TH CIR SOUTH		STREET ADDRESS	1751 58th CIRCLES	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	ST. PETERSBURG, FL. 33712	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Charles Castle</i>			Date: 1/23/06		Daytime Phone #: (727) 798-7632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					