


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90027 027 \*\*\*\*62.25

<b>DOCUMENT # N14005</b>					
<b>1. Entity Name</b> ARLINGTON PARK HOMEOWNERS' ASSOCIATION OF ST. PETERSBURG, INC.					
<b>Principal Place of Business</b> 2020 59TH CIRCLE SOUTH ST. PETERSBURG, FL 33712			<b>Mailing Address</b> 2020 59TH CIRCLE SOUTH ST. PETERSBURG, FL 33712		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2662175	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ADVANCED PROPERTY MANAGEMENT, INC. 794 SOUTH PASADENA AVENUE SAINT PETERSBURG, FL 33707			Name <i>William D. Paul Real Estate Services Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>801 49th St N</i> City <i>St. Petersburg</i> <b>FL</b> Zip Code <i>33710</i>		
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 <i>William D. Paul</i>			DATE <i>3-5-07</i>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			DATE		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<i>S/T/D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONIUTTI, SUSIE		NAME	<i>SUSIE TONIUTTI</i>	
STREET ADDRESS	1795 58TH CIR S		STREET ADDRESS	<i>1795 58th Cir S</i>	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	<i>St Petersburg FL 33712</i>	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTLE, CHARLES III		NAME	<i>Terry Cox</i>	
STREET ADDRESS	1875 59TH CIRCLE SOUTH		STREET ADDRESS	<i>1801 58th Cir S</i>	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	<i>St. Petersburg FL 33712</i>	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTS, BUSARA		NAME	<i>Geri Bowie</i>	
STREET ADDRESS	2007 59 CIRCLE SOUTH		STREET ADDRESS	<i>1997 58th Cir S</i>	
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP	<i>St. Petersburg FL 33712</i>	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<i>P/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, DAVID		NAME	<i>David McKay</i>	
STREET ADDRESS	1773 58TH CIR		STREET ADDRESS	<i>1773 58th Cir S</i>	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	<i>St. Petersburg FL 33712</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>D/VP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETON, MIKE		NAME	<i>Mike Singleton</i>	
STREET ADDRESS	1751 58TH CIR S		STREET ADDRESS	<i>1751 58th Cir S</i>	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	<i>St. Petersburg FL 33712</i>	
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>Susie Toniutti</i>			DATE <i>3/5/07</i> DAYTIME PHONE # <i>727-366-2758</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		