

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17912

FILED
Apr 18, 2009
Secretary of State

Entity Name: ARLINGTON PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CFS
14871 HOLE-IN-ONE CIRCLE, #308
FORT MYERS, FL 33919

New Principal Place of Business:

13151 KINGS POINT DR.
#11A
FORT MYERS, FL 33919

Current Mailing Address:

C/O CFS
14871 HOLE-IN-ONE CIRCLE, #308
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0075329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCLURE, ROBERT P.A.
3511 BONITE BAY BLVD
SUITE 101
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAYLOR, BONNIE
Address: 24896 CARNOUSTIE CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD () Delete
Name: BAYLOR, MELANIE
Address: 10113 SANDY HOLLOW LNM, # 201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: HERNANDEZ, D.
Address: 10101 SANDY HOLLOW LANE #108
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: RICHTER, FRED
Address: 10101 SANDY HOLLOW LNM, # 103
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD (X) Change () Addition
Name: GIMENEZ, DAVID
Address: 10101 SANDY HOLLOW LANE #104
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TR () Change (X) Addition
Name: BAYLOR, MELANIE
Address: 10113 SANDY HOLLOW LANE #505
City-St-Zip: BONITA SPRINGS, FL 34135

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: JAMES L REPPERT

BKP

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date