

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90015 045 ****61.25

DOCUMENT # N99000003871

1. Entity Name
310 S. ARRAWANA, A CONDOMINIUM, INC.



Principal Place of Business
310 ARRAWANA AVENUE
UNIT C
TAMPA, FL 33609

Mailing Address
310 ARRAWANA AVENUE
UNIT C
TAMPA, FL 33609



2. Principal Place of Business - No P.O. Box #
310 S. Arrawana Ave

3. Mailing Address
310 S. Arrawana Ave

Suite, Apt. #, etc.
Unit D

Suite, Apt. #, etc.
Unit D

City & State
Tampa, FL

City & State
Tampa FL

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3584063

Applied For
Not Applicable

Zip
33609

Country
USA

Zip
33609

Country
USA

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

6. Name and Address of Current Registered Agent

FINKELSTEIN, AARON
310 S ARRAWANA AVE UNIT C
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name
Mark W. Phillip

Street Address (P.O. Box Number is Not Acceptable)
310 S. Arrawana Ave Unit D

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

Mark W. Phillip

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☒ Delete
NAME FINKELSTEIN, AARON
STREET ADDRESS 310 S ARRAWANA AVE UNIT C
CITY-ST-ZIP TAMPA, FL 33609

TITLE TD ☐ Delete
NAME PHILLIP, MARK
STREET ADDRESS 310 S. ARRAWANA AVE. UNIT D
CITY-ST-ZIP TAMPA, FL 33609

TITLE VP ☒ Delete
NAME SCHILLING, MICHAEL
STREET ADDRESS 310 S ARRAWANA AVE STE B
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PTD ☒ Change ☐ Addition
NAME Phillip, Mark W.
STREET ADDRESS 310 S. Arrawana Ave Unit D
CITY-ST-ZIP Tampa FL 33609

TITLE VPD ☒ Change ☒ Addition
NAME Schilling, Michael
STREET ADDRESS 310 S. Arrawana Ave. Unit B
CITY-ST-ZIP Tampa, FL 33609

TITLE D ☐ Change ☒ Addition
NAME Pfordresher, Thomas R.
STREET ADDRESS 310 S. Arrawana Ave Unit C
CITY-ST-ZIP Tampa, FL 33609

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Mark W. Phillip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08

Date

Daytime Phone #