



# Public Service Commission

**-M-E-M-O-R-A-N-D-U-M-**

---

**DATE:** July 24, 1996  
**TO:** Division of Records and Reporting  
**FROM:** Patricia Brady, Division of Water and Wastewater  
**RE:** Docket No. 960368-WS, Request for exemption from Florida Public Service Commission regulation for provision of water and wastewater service in Duval County by Arlington Executive Park Condominium Association, Inc.

---

Please add the attached letter dated July 22, 1996, from Mr. Clark Vargas to Ms. Patricia Brady to the docket file. The letter attaches a copy of the corporate Certificate of Standing from the State of Florida and a copy of the 1996 Corporation Annual Report.

**Attachment**

**cc:** Bobbie Reyes, Division of Legal Services

DOCUMENT NUMBER-DATE  
07832 JUL 25 1996  
FPSC-RECORDS/REPORTING

ARLINGTON EXECUTIVE PARK ASSOCIATION, INC.

8596 Arlington Expressway  
Jacksonville, Florida 32211-8071  
Tel. (904) 725-7131

July 22, 1996

Ms. Patricia Brady  
Bureau of Policy Development  
and Industry Structure  
Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399

Subject: Request for Exemption  
PSC Docket No. 960368-WS


Dear Ms. Brady:

Enclosed is a copy of the corporate Certificate of Standing from the State of Florida and a copy of the 1996 Corporation Annual Report.

These are in response to your request of July 9, 1996. If you need additional information, please call.

Very truly yours,

ARLINGTON EXECUTIVE PARK

  
Clark Vargas  
President

CV:djj

Enclosures

cc: Hal Rogers w/enclosure

c:\a-e-p\psc-1.doc



VOL 5028 PG 960

OFFICIAL RECORDS

# State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of  
ARLINGTON EXECUTIVE PARK CONDOMINIUM ASSOCIATION, INC.  
filed on December 21, 1979.

The Charter Number for this corporation is 750338.



CORP 104 Rev. 5-79

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
21st day of December, 1979

A handwritten signature in cursive script, appearing to read "George Firestone".

George Firestone  
Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **750338** (6)

1. Corporation Name  
**ARLINGTON EXECUTIVE PARK CONDOMINIUM ASSOCIATION .INC.**



Principal Place of Business Mailing Address  
**8596 ARLINGTON EXPWY JACKSONVILLE FL 32211**

3. Date Incorporated or Qualified **12/21/1979** 3a. Date of Last Report **07/19/1995**

2. Principal Place of Business 2a. Mailing Address  
 21 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28  
 Zip Country Zip Country  
 24 25 29 30

4. FEI Number **59-1963750** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**VARGAS, CLARK**  
**8596 ARLINGTON EXPRESSWAY**  
**JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VARGAS, CLARK	
STREET ADDRESS	8596 ARLINGTON EXPY.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROGERS, HAROLD	
STREET ADDRESS	8820 ARLINGTON EXPY	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	WOOLF, WILLIAM	
STREET ADDRESS	8588 ARLINGTON EXPY	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

9/8/95/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (7/95)