

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2007
Secretary of State**

DOCUMENT# N00000003134

Entity Name: ARBOR TRACE HOMEOWNER'S ASSOCIATION OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

2001 9TH AVENUE
SUITE #308
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

KEYSTONE PROPERTY MANAGEMENT GROUP
2001-9TH AVENUE, SUITE #308
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-3695883 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLER, WILLIAM F
KEYSTONE PROPERTY MGMT
2001 9TH AVE, STE 308
VERO BEACH, FL 32960 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: DP () Delete
Name: BENDER, RALPH
Address: 4432 5TH PLACE, SW
City-St-Zip: VERO BEACH, FL 32968

Title: DVP () Delete
Name: GOLLADAY, SAM
Address: 530 45TH COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: STD () Delete
Name: MCCARTNEY, MICHAEL
Address: 520 45TH COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: SUMNER, DONNIE
Address: 4442 5TH PLACE SW
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: SYLVESTER, BARBARA
Address: 4471 8TH LANE SW
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENDER, RALPH
Address: 4432 5TH PLACE, SW
City-St-Zip: VERO BEACH, FL 32968

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH BENDER

PD

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date