

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003134

FILED  
Apr 13, 2009  
Secretary of State

**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:**

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 GROUP  
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: PD ( ) Delete  
Name: BENDER, RALPH  
Address: 4432 5TH PLACE, SW  
City-St-Zip: VERO BEACH, FL 32968

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

Title: D ( ) Delete  
Name: GENEREUX, BRUCE  
Address: 4406 6TH STREET 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: GERVASIO, ANTHONY  
Address: 4430 7TH PLACE SW  
City-St-Zip: VERO BEACH, FL 32968

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: MOSHER, CARL  
Address: 4411 8TH STREET SW  
City-St-Zip: VERO BEACH, FL 32968

Title: VPD (X) Change ( ) Addition  
Name: SUMNER, DONNIE  
Address: 4442 5TH PLACE SW  
City-St-Zip: VERO BEACH, FL 32968

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

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: RALPH BENDER

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date