

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90118 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44157

1. Corporation Name
ARBOR TRACE CONDOMINIUM ASSOCIATION, INC.

437226 - 90045 - 99

Principal Place of Business 1000 ARBOR LAKE DRIVE NAPLES FL 34110	Mailing Address 1000 ARBOR LAKE DRIVE NAPLES FL 34110
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/02/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. % JOSEPH E ADAMS, COLLIER PLACE I 3003 TAMAMI TRAIL NORTH, SUITE 210 NAPLES FL 34103	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT E-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZASTROW, NANCY		1.2 NAME STIFLER, CHARLOTTE	
STREET ADDRESS 201 ARBOR LAKE DRIVE SUITE 502		1.3 STREET ADDRESS 900 ARBOR LAKE DRIVE, #306	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP NAPLES, FL 34110	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHULLER, DAVID		2.2 NAME NOBLE, MARDELLE	
STREET ADDRESS 900 ARBOR LAKE DRIVE #303		2.3 STREET ADDRESS 900 ARBOR LAKE DRIVE, #506	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP NAPLES, FL 34110	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAYTON, ROSWELL		3.2 NAME	
STREET ADDRESS 900 ARBOR LAKE DRIVE SUITE 504		3.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRANT-ELMER		4.2 NAME	
STREET ADDRESS 201 ARBOR LAKE DRIVE SUITE 304		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		4.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STIFLER, CHARLOTTE		5.2 NAME	
STREET ADDRESS 900 ARBOR LAKE DRIVE SUITE 306		5.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/10/99
 Office Phone #

CR2E037 (1/98)