

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44157**

1. Entity Name

ARBOR TRACE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90145 013 ****61.25

| | |
|---|--|
| Principal Place of Business 1000 ARBOR LAKE DRIVE NAPLES FL 34110 | Mailing Address 1000 ARBOR LAKE DRIVE NAPLES FL 34110-8087 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
% JOSEPH E. ADAMS, COLLIER PLACE I
3003 TAMiami TRAIL NORTH, SUITE 210
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE PD | <input type="checkbox"/> Delete |
| NAME ZASTROW, NANCY | |
| STREET ADDRESS 201 ARBOR LAKE DRIVE SUITE 502 | |
| CITY-ST-ZIP NAPLES FL | |
| TITLE TD | <input type="checkbox"/> Delete |
| NAME GRANT, ELMER | |
| STREET ADDRESS 201 ARBOR LAKE DIRVE SUITE 304 | |
| CITY-ST-ZIP NAPLES FL | |
| TITLE VD | <input type="checkbox"/> Delete |
| NAME STIFLER, CHARLOTTE | |
| STREET ADDRESS 900 ARBOR LAKE DRIVE SUITE 306 | |
| CITY-ST-ZIP NAPLES FL 34110 | |
| TITLE SD | <input type="checkbox"/> Delete |
| NAME NOBLE, MARDELLE | |
| STREET ADDRESS 900 ARBOR LAKE DRIVE, #506 | |
| CITY-ST-ZIP NAPLES FL 34110 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|---|--|
| TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Schuller, Edward Jr. | |
| STREET ADDRESS 900 Arbor Lake Drive, #305 | |
| CITY-ST-ZIP Naples FL 34110 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 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: *Signature Required* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 17 April 2000 **Date** 941-598-2929 **Daytime Phone #**

CR2E037 (9/99)