


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N44157
 1. Entity Name
 ARBOR TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 1000 ARBOR LAKE DRIVE
 NAPLES, FL 34110

Mailing Address
 1000 ARBOR LAKE DRIVE
 NAPLES, FL 34110

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01062006 No Chg-NP CR2E037 (11/05)

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.
 BANK OF AMERICA CENTER
 4501 TAMiami TRAIL N., SUITE 214
 NAPLES, FL 34103-0000

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

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

110000399825
 02/01/06-80030-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELDON, JOHN 201 ARBOR LAKE DRIVE #406 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GRANT, ELMER 201 ARBOR LAKE DIRVE SUITE 304 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STIFLER, CHARLOTTE 900 ARBOR LAKE DRIVE SUITE 306 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HULTZEN, PRUDENCE 509 ARBOR LAKE DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNARD, DUDLEY 900 ARBOR LAKE DR., #404 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John W. Sheldon* 1/12/06 284-0408