

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90183 012 ****61.25

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

DO NOT WRITE IN THIS SPACE

01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 DRIVE 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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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John W Sheldon **JOHN W SHELDON** Treasurer 1/11/07 254-0408