

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44157

**Entity Name:** ARBOR TRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110

**Current Mailing Address:**

1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110

**FEI Number: 58-2006826**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
4001 TAMiami TRAIL NORTH, SUITE 410  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           JODER, MARJORIE J MRS.  
Address        409 ARBOR LAKE DR  
City-State-Zip: NAPLES FL 34110

Title           SECRETARY  
Name           ZIMMER, SCOTT MR.  
Address        900 ARBOR LAKE DRIVE, #506  
City-State-Zip: NAPLES FL 34110

Title           PRESIDENT  
Name           FICK, RAY MR.  
Address        307 ARBOR LAKE DRIVE  
City-State-Zip: NAPLES FL 34110

Title           DIRECTOR  
Name           ALEXIOU, JEAN MRS.  
Address        201 ARBOR LAKE DRIVE, #205  
City-State-Zip: NAPLES FL 34110

Title           VICE PRESIDENT  
Name           SCHMIDT, RICHARD MR.  
Address        606 ARBOR LAKE DRIVE  
City-State-Zip: NAPLES FL 34110

*I hereby 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 all other like empowered.*

**SIGNATURE: SCOTT ZIMMER**

**SECRETARY**

**01/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date