

**2024 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 270  
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	VP
Name	DAVIS, NEWTON
Address	804 ARBOR LAKE DR
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	KNOUSE, ANNIE
Address	201 ARBOR LAKE DRIVE, #302
City-State-Zip:	NAPLES FL 34110

Title	TREASURER
Name	ARMSTRONG, CAROLE
Address	201 ARBOR LAKE DRIVE, #506
City-State-Zip:	NAPLES FL 34110

Title	SECRETARY
Name	SIMS, JEAN
Address	305 ARBOR LAKE DRIVE
City-State-Zip:	NAPLES FL 34110

Title	PRESIDENT
Name	LECHTNER, DICK
Address	501 ARBOR LAKE DRIVE
City-State-Zip:	NAPLES FL 34110

Title	ASST. SECRETARY
Name	SIMPSON, DEBRA
Address	1000 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:** DICK LECHTNER

PRESIDENT

01/30/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date