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: WILLIAM FOOTE

Electronic Signature of Signing Officer/Director Detail

Date

01/21/2019

		Electronic Signature of Registered Agent			
	Officer/Director Detail :				
	Title	PRESIDENT	Title	SECRETARY	
	Name	FOOTE, WILLIAM MR.	Name	MCKEE, MARION MRS.	
	Address	706 ARBOR LAKE DR	Address	201 ARBOR LAKE DRIVE, #301	
	City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110	
	Title	TREASURER	Title	VICE PRESIDENT	
	Name	DEPRISCO, LOUIS MR.	Name	GOVANI, GINNY MRS	
	Address	900 ARBOR LAKE DRIVE, #501	Address	900 ARBOR LAKE DRIVE, #204	
	City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110	
	Title	DIRECTOR			
	Name	CARSON, KIT MR.			
	Address	309 ARBOR LAKE DRIVE			
	City-State-Zip:	NAPLES FL 34110			

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.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ARBOR TRACE CONDOMINIUM ASSOCIATION, INC.

Current Mailing Address:

Current Principal Place of Business:

DOCUMENT# N44157

1000 ARBOR LAKE DRIVE NAPLES. FL 34110

1000 ARBOR LAKE DRIVE NAPLES. FL 34110

FEI Number: 58-2006826

SIGNATURE:

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 12140 CARISSA COMMERCE COURT SUITE 200 FORT MYERS, FL 33966 US

FILED Jan 21, 2019 Secretary of State 2548763291CC

Date

Certificate of Status Desired: No