


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90028 042 ****61.25

DOCUMENT # 722920			
1. Entity Name ARBOMAR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4485 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		Mailing Address 4485 GULF OF MEXICO STE 903 LONGBOAT KEY FL 34228 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1462465		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAEANN, BENNETT 4485 GULF OF MEXICO DR #102 LONGBOAT KEY FL 34228		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *RaeAnn Bennett*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

3-13-06
DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUIKSHANK, JOHN 4485 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary / D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>KENT LAGRO</i> <i>4485 GULF MEXICO DR</i> <i>Longboat Key, FL 34228</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GERMAN, ROBERT 4485 GULF OF MEXICO DR LONGBOAT KEY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President / D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>RAY SMITH</i> <i>4485 GULF MEXICO DR</i> <i>Longboat Key FL 34228</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRECHT, JOHN C. 4485 GULF OF MEXICO DR. LONGBOAT KEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>GEORGE Romanoff</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>4485 gulf mexico DRIVE</i> <i>Longboat Key, FL 34228</i> <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR BAXTER, WILLIAM 4485 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>EDWARD Lizotte</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>4485 GULF MEXICO DRIVE</i> <i>Longboat Key, FL 34228</i> <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUIKSHANK, JOHN 4485 GULF OF MEXICO DRIVE LONGBOAT KEY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *RaeAnn Bennett*
Signature, typed or printed name of registered agent and title if applicable

3-13-06 *9413834234*
DATE