


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90017 009 ****61.25

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| 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 - No P.O. Box # | | 3. Mailing Address 4485 Gulf of Mex DR Suite, Apt. #, etc. #102 | |
| Suite, Apt. #, etc. | | City & State Longboat Key, FL | |
| City & State | | 4. FEI Number 59-1462465 | |
| Zip 34228 | | Country MANATEE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 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 | |
| 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 <u>Raeann Bennett</u> DATE <u>02-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| T NAME CRUIKSHANK, JOHN STREET ADDRESS 4485 GULF OF MEXICO DR. CITY ST ZIP LONGBOAT KEY FL 34228 | <input type="checkbox"/> Delete | D NAME Les ADAMS STREET ADDRESS 4485 Gulf of Mexico DR CITY ST ZIP Longboat Key, FL 34228 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| S NAME LAGRO, KENT STREET ADDRESS 4485 GULF OF MEXICO DR CITY ST ZIP LONGBOAT KEY FL 34228 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD NAME ALBRECHT, JOHN C. STREET ADDRESS 4485 GULF OF MEXICO DR. CITY ST ZIP LONGBOAT KEY FL | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VPD NAME SMITH, RAY STREET ADDRESS 4485 GULF OF MEXICO DR CITY ST ZIP LONGBOAT KEY FL 34228 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D NAME ROMANOFF, GEORGE STREET ADDRESS 4485 GULF OF MEXICO DRIVE CITY ST ZIP LONGBOAT KEY FL 34228 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D NAME LIZOTTE, EDWARD STREET ADDRESS 4485 GULF OF MEXICO DR CITY ST ZIP LONGBOAT KEY FL 34228 | <input type="checkbox"/> Delete | | <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: John DeCubert Treas. 3/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #