

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758843

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE ARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O GRANT PROPERTY MGMT.
1599 NW 9 AVE.
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

C/O GRANT PROPERTY MGMT.
1599 NW 9 AVE.
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 59-2222539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACKER, KEITH F
400 S DIXIE HIGHWAY
SUITE 420
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BACKER, KEITH F
Address: 400 S. DIXIE HWY SUITE 420
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP () Delete
Name: GESCHEIDT, RICHARD A
Address: 400 S DIXIE HWY SUITE 320
City-St-Zip: BOCA RATON, FL 33432 US

Title: S () Delete
Name: NOTES, JOAN
Address: 400 S. DIXIE HWY SUITE 120
City-St-Zip: BOCA RATON, FL 33432 US

Title: T () Delete
Name: SCHMIDT, TAMMY
Address: 400 SOUTH DIXIE HIGHWAY SUITE 323
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEITH BACKER

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date