


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90097 007 \*\*\*\*61.25

**DOCUMENT # N00307**

1. Entity Name  
**ARBOR LAKE CONDOMINIUM NO. 1 ASSOCIATION, INC**



Principal Place of Business  
**DICK LAPOSTA, C.M.C.A. GLF SHRS C.A.M.**  
**76 PONDELLA ROAD, STE 201**  
**NORTH FORT MYERS, FL 33903 US**

Mailing Address  
**DICK LAPOSTA, C.M.C.A. GLF SHRS C.A.M.**  
**76 PONDELLA ROAD, STE 201**  
**NORTH FORT MYERS, FL 33903 US**


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



04132007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2431837**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LAPOSTA, RICHARD L**  
**GULFSHORES C.A.M.**  
**76 PONDELLA ROAD**  
**N FT MYERS, FL 38903**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PARKER, HAROLD	
STREET ADDRESS	5713-1 FOXLAKE DR.	
CITY-ST-ZIP	N. FT MYERS, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	VEAL, TOM	
STREET ADDRESS	5713 - 2 FOXLAKE DR	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUNK, VIRGINIA	
STREET ADDRESS	5711-4 FOXLAKE DR	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY DEVLIN	
STREET ADDRESS	5713-5 FOXLAKE DRIVE	
CITY-ST-ZIP	N. FORT MYERS, FL 33917	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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:** *Tom Veal* **Tom VEAL** **5/1/07 239-997-8114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #