


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90048 012 ****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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02192008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2431837	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAPOSTA, RICHARD L GULFSHORES C.A.M. 76 PONDELLA ROAD N FT MYERS, FL 38903		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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D- <input type="checkbox"/> Delete	TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVLIN, GARY	NAME	ANDY PAULET
STREET ADDRESS	5713-5 FOXLAKE DRIVE	STREET ADDRESS	5711-7 FOXLAKE DR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	CITY-ST-ZIP	N. FT. MYERS, FL 33917
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEAL, TOM	NAME	
STREET ADDRESS	5713 - 2 FOXLAKE DR	STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNK, VIRGINIA	NAME	
STREET ADDRESS	5711-4 FOXLAKE DR	STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Tom Veal</u> Tom Veal		Date: <u>02-28-08</u> 239-997-8114	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	