

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00307

FILED
Apr 13, 2009
Secretary of State

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

Current 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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2431837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPOSTA, RICHARD L
GULFSHORES C.A.M.
76 PONDELLA ROAD
N FT MYERS, FL 38903 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: D () Delete
Name: DEVLIN, GARY
Address: 5713-5 FOXLAKE DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: VEAL, TOM
Address: 5713 - 2 FOXLAKE DR
City-St-Zip: N. FT. MYERS, FL 33917

Title: D () Delete
Name: PAULET, ANDY
Address: 5711-7 FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAINES, RICHARD A
Address: 5713-7 FOXLAKE DRIVE
City-St-Zip: N. FORT MYERSS, FL 33917

Title: DP (X) Change () Addition
Name: VEAL, TOM
Address: 5713 - 2 FOXLAKE DR
City-St-Zip: N. FT. MYERS, FL 33917

Title: DS (X) Change () Addition
Name: PAULET, ANDY
Address: 5711-7 FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

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: TOM VEAL

P

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date