2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00307

FILED Mar 17, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

GULF SHORES CAM INC. 76 PONDELLA ROAD, STE 201 NORTH FORT MYERS, FL 33903 US

Current Mailing Address: New Mailing Address:

GULF SHORES CAM INC. 76 PONDELLA ROAD, STE 201 NORTH FORT MYERS, FL 33903 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

in the State of Florida.

SIGNATURE: Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT

 Name:
 LOTT, CHARLES A

 Address:
 5711-1 FOXLAKE DRIVE

 City-St-Zip:
 N. FORT MYERSS, FL 33917

Title: DVP
Name: VEAL, TOM
Address: 5713-2 FOX

Address: 5713-2 FOXLAKE DR City-St-Zip: N. FT. MYERS, FL 33917

Title: DP

Name: TEGAN, ROBERT Address: 5713-2 FOXLAKE DR

City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS

Name: RYAN, DONNA

Address: 5711 FOXLAKE DRIVE #2
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: [

 Name:
 SOSENSKY, DORIS

 Address:
 5711#5 FOXLAKE DRIVE

 City-St-Zip:
 NORTH FORT MYERS, FL 33917

I hereby 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 all other like empowered.

SIGNATURE: BOB TEGAN DP 03/17/2011