

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006486

1. Entity Name
**TOWER POINTE AT ARBOR TRACE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1000 ARBOR LAKE DRIVE
NAPLES, FL 34110**

Mailing Address
**1000 ARBOR LAKE DRIVE
NAPLES, FL 34110**



01062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3746521

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FALK, STEVEN M
850 PARK SHORE DRIVE
THIRD FLOOR
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANDERSON, TED 1001 ARBOR LAKE DR 1208 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHARP, BERT 1001 ARBOR LAKE DR 1402 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIZK, ALISA 1000 ARBOR LAKE DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JAMES, ROBERT 1001 ARBOR LAKE DR 1601/5 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HERTEL, ROBERT 1001 ARBOR LAKE DR 1005 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EDISON, JANE 1001 ARBOR LAKE DR 708 NAPLES, FL 34110

100000393171
01/25/06-80010-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

F. C. Hertel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06
Date

598-2925
Daytime Phone #