


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90095 040 ****61.25

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		
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	4. FEI Number 59-3746521	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name: <u>Heather Case, Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>c/o Porter, Wright Morris & Arthur LLP</u> <u>5801 Pelican Bay Blvd</u> City: <u>Naples</u> FL <u>34108</u>		
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: <u>Heather S. Case</u> 4/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME SANDERSON, TED STREET ADDRESS 1001 ARBOR LAKE DR 1208 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE VD NAME John Hemwall STREET ADDRESS 1001 Arbor Lake DR 806 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SHARP, BERT STREET ADDRESS 1001 ARBOR LAKE DR 1402 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE T NAME David Macarthy STREET ADDRESS 1001 Arbor Lake DR 507 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RIZK, ALISA STREET ADDRESS 1000 ARBOR LAKE DR CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE D NAME Paul Eckstrom STREET ADDRESS 1001 Arbor Lake DR 1208 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME JAMES, ROBERT STREET ADDRESS 1001 ARBOR LAKE DR 1801/5 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE D NAME George Savin STREET ADDRESS 1001 Arbor Lake DR 205 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME HERTEL, ROBERT STREET ADDRESS 1001 ARBOR LAKE DR 1005 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE P NAME Hertel, Robert STREET ADDRESS 1001 Arbor Lake DR 1005 CITY-ST-ZIP Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME EDISON, JANE STREET ADDRESS 1001 ARBOR LAKE DR 708 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE AT NAME John Dill STREET ADDRESS 1001 Arbor Lake Drive 408 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" 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: <u>Heather S. Case</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/16/07</u> 239-598-2929 <small>Daytime Phone #</small>		