

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90005 023 ****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

02052008 Chg-NP CR2E037 (12/06)

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

**CASE, HEATHER ESQ
C/O PORTER, WRIGHT, NORRIS, & ARTHUR LLP
5801 PELICAN BAY BLVD
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name **Matthew L. Grabinski, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
**Geedle He. Coleman, Johnson, Yovanovitch & Koester
4001 Tamiami Trail N, Suite # 300**
City **Naples** FL Zip Code **34103**

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

2/25/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEMWALL, JOHN	
STREET ADDRESS	1001 ARBOR LAKE DR 806	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MACARTHY, DAVID	
STREET ADDRESS	1001 ARBOR LAKE DR 507	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIZK, ALISA	
STREET ADDRESS	1000 ARBOR LAKE DR	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVIN, GEORGE	
STREET ADDRESS	1001 ARBOR LAKE DR 205	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	P	<input type="checkbox"/> Delete
NAME	HERTEL, ROBERT	
STREET ADDRESS	1001 ARBOR LAKE DR 1005	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDISON, JANE	
STREET ADDRESS	1001 ARBOR LAKE DR 708	
CITY-ST-ZIP	NAPLES, FL 34110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andersen, Robert
STREET ADDRESS	1001 Arbor Lake Drive #204
CITY-ST-ZIP	Naples, FL 34110
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwindt, Robert
STREET ADDRESS	1001 Arbor Lake Drive #1608
CITY-ST-ZIP	Naples, FL 34110
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Savin, George
STREET ADDRESS	1001 Arbor Lake Drive #205
CITY-ST-ZIP	Naples, FL 34110
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hertel, Frederick
STREET ADDRESS	1001 Arbor Lake Drive #1005
CITY-ST-ZIP	Naples, FL 34110
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **Frederick C. Hertel**

2/12/08 239-598-2929