2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N07323

Entity Name: ARBOR LAKE CONDOMINIUM NO. 2 ASSOCIATION, INC.

Current Principal Place of Business:

AC/O GULFSHORES CAM
76 PONDELLA RD, STE 201
N FT MYERS, FL 33903 US

New Principal Place of Business:

C/O GULFSHORES CAM
76 PONDELLA RD, STE 201
N FT MYERS, FL 33903 US

Current Mailing Address:

AC/O GULFSHORES CAM
76 PONDELLA RD, STE 201
N FT MYERS, FL 33903 US

New Mailing Address:

C/O GULFSHORES CAM
76 PONDELLA RD, STE 201
N FT MYERS, FL 33903 US

FEI Number: 59-2670413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAPOSTA, RICHARD L
GULF SHORES CAM
76 PONDELLA RD, STE 201
N FT MYERS, FL 33903 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: DP ( ) Delete
Name: SASHER, RAY D
Address: 5712 FOX LAKE DRIVE
City-St-Zip: FT. MYERS, FL 33917

Title: DVP ( ) Delete
Name: ROSE, ELAINE
Address: 5712-6 FOX LN DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DST ( ) Delete
Name: LAUZON, RICHARD
Address: 5712-5 FOX LANE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAY SASHER P 04/13/2009
Electronic Signature of Signing Officer or Director — Date