

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90050 038 ****61.25

DOCUMENT # N13885

1. Entity Name
ARBOR LAKE CONDOMINIUM NO. 3 ASSOCIATION, INC.



Principal Place of Business
DICK LAPOSTA, C.M.C.A., GLF SHRS C.A.M.
76 PONDELLA ROAD, SUITE #201
N. FT. MYERS, FL 33903 US

Mailing Address
DICK LAPOSTA, C.M.C.A., GLF SHRS C.A.M.
76 PONDELLA ROAD, SUITE #201
N. FT. MYERS, FL 33903 US

40022001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GULF SHORES COMMUNITY MANAGAMENT
DICK LAPOSTA, C.M.C.A., GULD SHORES C.A.M
76 PONDELLA ROAD, SUITE #201
N FORT MYERS, FL 33903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUTEAU, RALPH ☐ Delete
15000 ARBOR LAKES DRIVE
N. FORT MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TDP
SCHWARTZ, WAYNE ☐ Delete
5715 FOXLAKE DR
FT MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
REYNOLDS, JEAN ☐ Delete
15000 ARBOR LAKES DRIVE #3
NORTH FORT MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVLIN, NANCY ☐ Delete
15000 ARBOR LAKES DR #8
NORTH FORT MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVLIN, GARY ☒ Delete
15000 ARBORLAKES DR #8
NORTH FORT MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP ☐ Change ☒ Addition
LAURENCE TRETYAK
5715-2 FOXLAKE DR.
N. FT. MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

Jean Reynolds
JEAN REYNOLDS

02-05-08

239-997-8114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #