

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13885

FILED
Apr 13, 2009
Secretary of State

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

Current 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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

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 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: D () Delete
Name: BUTEAU, RALPH
Address: 15000 ARBOR LAKES DRIVE
City-St-Zip: N. FORT MYERS, FL 33917

Title: TDP () Delete
Name: SCHWARTZ, WAYNE
Address: 5715FOXLAKE DR
City-St-Zip: FT MYERS, FL

Title: S () Delete
Name: REYNOLDS, JEAN
Address: 15000 ARBOR LAKES DRIVE #3
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: DEVLIN, NANCY
Address: 15000 ARBOR LAKES DR #8
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVP () Delete
Name: LAURENCE, TRETYAK
Address: 5715-2 FOX LAKE 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:

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: WAYNE SCHWARTZ

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date