

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13885

FILED
Mar 17, 2011
Secretary of State

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

Current Principal Place of Business:

RICHARD 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:

RICHARD 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:

LAPOSTA, RICHARD L CMCA
GULF SHORES C.A.M., INC.
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
Name: BUTEAU, RALPH
Address: 15000 ARBOR LAKES DRIVE
City-St-Zip: N. FORT MYERS, FL 33917

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

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

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

Title: DVP
Name: LAURENCE, TRETYAK
Address: 5715-2 FOX LAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby 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 all other like empowered.

SIGNATURE: WAYNE SCHWARTZ

DP

03/17/2011

Electronic Signature of Signing Officer or Director

_____ Date