

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13885

FILED  
Feb 08, 2012  
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:

GULF SHORE CAM  
76 PONDELLA ROAD, SUITE #201  
N. FT. MYERS, FL 33903 US

## 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:

GULF SHORE CAM  
76 PONDELLA ROAD, SUITE #201  
N. FT. MYERS, FL 33903 US

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:

GANTT, HAROLD C CAM  
GULF SHORES C.A.M  
76 PONDELLA ROAD, SUITE #201  
N FORT MYERS, FL 33903 US

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: HAROLD GANTT

02/08/2012

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: DVP  
Name: TRETYAK, LAURENCE  
Address: 5715-2 FOXLAKE 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

02/08/2012

Electronic Signature of Signing Officer or Director

Date