

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90048 011 ****61.25

DOCUMENT # N93000001372

1. Entity Name
**ARBOR LAKES CONDOMINIUM NO. 4 ASSOCIATION,
INC.**



Principal Place of Business

**C/O GULF SHORES COMMUNITY ASSOC. MGMT.
76 PONDELLA ROAD, SUITE 201
N. FT. MYERS, FL 33903 US**

Mailing Address

**C/O GULF SHORES COMMUNITY ASSOC. MGMT.
76 PONDELLA ROAD, SUITE 201
N. FT. MYERS, FL 33903 US**

40000000



02282008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

65-0446053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARD L. LAPOSTA, C.M.C.A.
C/O GULF SHORES C.A.M.
76 PONDELLA RD, STE-201
N. FT. MYERS, FL 33903**

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IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOTMAR, KEN
STREET ADDRESS 15011-104 ARBOR LAKES DR
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE SD
NAME WATKINS, CAROL
STREET ADDRESS 15011-106 ARBOR LAKES DR
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE DT
NAME RUBINO, LEW
STREET ADDRESS 15001-106 ARBOR LAKES DR.
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE D
NAME TURPIN, DOUG
STREET ADDRESS 15001-106 ARBOR LAKES DR.
CITY-ST-ZIP N. FT. MYERS, FL 33917

TITLE DVP
NAME SIMPSON, DAN
STREET ADDRESS 15001-203 ARBORLAKES DR
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-08

Date

239-997-8114

Daytime Phone