

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001373

FILED
Mar 17, 2011
Secretary of State

Entity Name: ARBOR LAKES CONDOMINIUM NO. 5 ASSOCIATION, INC.

Current Principal Place of Business:

GULFSHORE COMMUNITY ASSOC. MGMT.
76 PONDELLA ROAD, SUITE 201
N FT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

GULFSHORE COMMUNITY ASSOC. MGMT.
76 PONDELLA ROAD, SUITE 201
N FT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0505095 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAPOSTA, RICHARD L
GULFSHORES CAM INC.
76 PONDELLA ROAD, SUITE 201
N FT 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: PD
Name: AIKEN, SARAH
Address: 15030 ARBOR LAKES DR. W #201
City-St-Zip: N FT MYERS, FL

Title: D
Name: VASILUTH, WILLIAM
Address: 15030 ARBOR LAKES DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVPS
Name: WAYNE, LINDA
Address: 15030 ARBOR LAKES DR #102
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DT
Name: CONNELL, JOSEPH
Address: 15030 ARBOR LAKES DR #101
City-St-Zip: N. FT. MYERS, FL 33917

Title: D
Name: PATTISON, RONALD
Address: 15030 ARBOR LAKES DR #205
City-St-Zip: N. FT. 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: SARAH AIKEN

DP

03/17/2011

Electronic Signature of Signing Officer or Director

Date