

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P37462

1. Entity Name
ARBOR TRACE MANAGEMENT CORPORATION



Principal Place of Business

1000 ARBOR LAKE DRIVE
NAPLES, FL 34110 US

Mailing Address

1000 ARBOR LAKE DRIVE
NAPLES, FL 34110

FILED
Jan 17, 2007 08:00 AM
Secretary of State



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1949355

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRANGE, J.L.
1000 ARBOR LAKE DRIVE
NAPLES, FL 34110

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000589210
01/18/07-80008-002 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
STRANGE, J L
1000 ARBOR LAKE DRIVE
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
PETIT, PARKER H.
1850 PARKWAY PLACE
MARIETTA, GA 30067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RIZK, LISA M
1000 ARBOR LAKE DRIVE
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

Date

Daytime Phone #