


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P37462 1. Entity Name ARBOR TRACE MANAGEMENT CORPORATION	
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Principal Place of Business 1000 ARBOR LAKE DRIVE NAPLES, FL 34110 US	Mailing Address 1000 ARBOR LAKE DRIVE NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1949355	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRANGE, J.L. 1000 ARBOR LAKE DRIVE NAPLES, FL 34110

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000917305 05/13/08-80035-020 158.75
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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	

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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 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: <u>Lisa M Ryzk</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/21/08 Date	239-598-3490 Daytime Phone #