2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003134

Entity Name: ARBOR TRACE HOMEOWNER'S ASSOCIATION OF INDIAN

RIVER COUNTY, INC.

Current Principal Place of Business:

2001 9TH AVENUE **SUITE #308** VERO BEACH, FL 32960

Current Mailing Address:

2001 9TH AVENUE **SUITE #308** VERO BEACH, FL 32960

FEI Number: 59-3695883 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, WILLIAM C KEYSTONE PROPERTY MGMT GROUP 2001 9TH AVE, STE 308 VERO BEACH, FL 32960 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: WILLIAM CLEE 04/12/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY, TREASURER Title D, VP

SLATTERY, LOUISE Name Name SYLVESTER, BARBARA Address 4442 5TH LANE, SW Address 690 45TH COURT SW City-State-Zip: VERO BEACH FL 32968 City-State-Zip: VERO BEACH FL 32968

Title **DIRECTOR** Title D, PRESIDENT

GERVASIO, ANTHONY Name HEROUX, HENRY Name Address 620 45TH COURT SW Address 4430 7TH PLACE SW VERO BEACH FL 32968 City-State-Zip: City-State-Zip: VERO BEACH FL 32968

Title DIRECTORY Name WHITE, MICHAEL L 4520 5TH PLACE SW Address City-State-Zip: VERO BEACH FL 32968

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.

Electronic Signature of Signing Officer/Director Detail

FILED Apr 12, 2017

Secretary of State

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