

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003134

Entity Name: ARBOR TRACE HOMEOWNER'S ASSOCIATION OF INDIAN RIVER COUNTY, INC.**FILED**
Apr 09, 2021
Secretary of State
0249914218CC**Current Principal Place of Business:**C/O KEYSTONE PROPERTY MANAGEMENT
780 US HIGHWAY 1 SUITE 300
VERO BEACH, FL 32962**Current Mailing Address:**C/O KEYSTONE PROPERTY MANAGEMENT
780 US HIGHWAY 1 SUITE 300
VERO BEACH, FL 32962 US**FEI Number: 59-3695883****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEE, WILLIAM C
C/O KEYSTONE PROPERTY MANAGEMENT
780 US HIGHWAY 1 SUITE 300
VERO BEACH, FL 32962 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 LEE****04/09/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HEROUX, HENRY
Address	C/O KEYSTONE PROPERTY MANAGEMENT 780 US HIGHWAY 1 SUITE 300
City-State-Zip:	VERO BEACH FL 32962

Title	SECRETARY
Name	BOWEN, MARY
Address	C/O KEYSTONE PROPERTY MANAGEMENT 780 US HIGHWAY 1 SUITE 300
City-State-Zip:	VERO BEACH FL 32962

Title	TREASURER
Name	SLATTERY, LOUISE
Address	C/O KEYSTONE PROPERTY MANAGEMENT 780 US HIGHWAY 1 SUITE 300
City-State-Zip:	VERO BEACH FL 32962

Title	VP
Name	MOON, MICHAEL
Address	C/O KEYSTONE PROPERTY MANAGEMENT 780 US HIGHWAY 1 SUITE 300
City-State-Zip:	VERO BEACH FL 32962

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: HENRY HEROUX**PRESIDENT****04/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date