

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003134

**Entity Name:** ARBOR TRACE HOMEOWNER'S ASSOCIATION OF INDIAN RIVER COUNTY, INC.**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**1190866783CC****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****04/01/2019**

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            DIRECTOR  
Name            VANDERLAAN, ERIC BRIAN  
Address        C/O KEYSTONE PROPERTY  
                  MANAGEMENT  
                  780 US HIGHWAY 1 SUITE 300  
City-State-Zip: VERO BEACH FL 32962

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

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

Title            SECRETARY  
Name            SLATTERY, LOUISE  
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****04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date