FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770152 (7)

1. Corporation Name

EAGLE TRACE COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~3300 UNIVERSITY DR~~ ~~SUITE 708~~ ~~CORAL SPGS FL 33065~~ US	~~3300 UNIVERSITY DR~~ ~~SUITE 708~~ ~~CORAL SPGS FL 33065~~ US
2. Principal Place of Business	2a. Mailing Address
21 1100 South S.R.# 7	26 1100 S. SR#7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 100	27 Suite 100
City & State	City & State
23 Margate	28 Margate
Zip / Country	Zip / Country
24 33068 25 USA	29 33068 30 USA

c/o Sunvest Management

3. Date Incorporated or Qualified: 09/08/1983
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2323707 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~FLORIDA NATIONAL PROPERTIES, INC.~~ ~~3300 UNIVERSITY DR.~~ ~~CORAL SPRINGS FL 33065~~	01 Name: Sunvest Management Company 02 Street Address (P.O. Box Number is Not Acceptable): 1100 South State Road #7 03: Suite 100 04 City: Margate FL 05 Zip Code: 33068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Property Manager 2-16-95
Signature required when reinstated registered agent and/or if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~MICALI, BARBARA~~	1.2 NAME	Ron Cohen	
STREET ADDRESS	~~3300 UNIVERSITY DR~~	1.3 STREET ADDRESS	1930 Las Colinas Way	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	1.4 CITY-ST-ZIP	Coral Springs Fl 33071	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~TARAVELLA, J.P. JR~~	2.2 NAME	Irene Thomas	
STREET ADDRESS	~~3300 UNIVERSITY DR.~~	2.3 STREET ADDRESS	1866 Colonial Drive	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	2.4 CITY-ST-ZIP	Coral Springs Fl 33071	
TITLE	PD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~MCGOWAN, JAMES P.~~	3.2 NAME	Kenneth Olsen Jr	
STREET ADDRESS	~~3300 UNIVERSITY DR.~~	3.3 STREET ADDRESS	12433 NW 17 place	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	3.4 CITY-ST-ZIP	Coral Springs Fl 33071	
TITLE	SD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~THOMS, IRENE~~	4.2 NAME	Barbera Micali	
STREET ADDRESS	~~3300 UNIVERSITY DRIVE~~	4.3 STREET ADDRESS	2161 Oakmont Terrace	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	4.4 CITY-ST-ZIP	Coral Springs Fl 33071	
TITLE	D	5.1 TITLE	P	☒ Change ☐ Addition
NAME	~~SMIETANA, MARK J~~	5.2 NAME	Ray Weser	
STREET ADDRESS	~~3300 UNIVERSITY DR.~~	5.3 STREET ADDRESS	11830 Highland Place	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	5.4 CITY-ST-ZIP	Coral Springs Fl 33071	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~LEONHARDT, STEVEN A~~	6.2 NAME	Frederick Miller	
STREET ADDRESS	~~3300 UNIVERSITY DR~~	6.3 STREET ADDRESS	2133 Sea Pines Way	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	6.4 CITY-ST-ZIP	Coral Springs Fl 33071	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed/added on an attachment with an address.

SIGNATURE: [signature] 2-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000301