

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # 770152 (7)

1. Corporation Name

EAGLE TRACE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~SUNVEST MGMT~~
~~1100 S SR #7 STE 100~~
~~MARGATE FL 33068~~
~~US~~

1100 S. SR #7
STE 100
MARGATE FL 33068
US

3. Date Incorporated or Qualified
09/08/1983

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Synvest Management**

26 **Synvest Management**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **441 South State Rd #7**

27 **Suite 4**

City & State

City & State

23 **Margate Florida**

28 **FL**

Zip

Country

Zip

Country

24 **33068**

25 **USA**

29 **33068**

30 **USA**

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

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

SUNVEST MGMT CO
~~1100 SOUTH STATE ROAD #7~~
~~STE 100~~
MARGATE FL 33068

81 Name

Synvest Management

82 Street Address (P.O. Box Number is Not Acceptable)

441 South State Rd #7 Suite 4

83

84

Margate

FL

85 Zip Code

33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title (if applicable)

Steve High

1-26-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, RON	
STREET ADDRESS	1930 LAS COLINAS WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, IRENE	
STREET ADDRESS	1866 COLONIAL DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	OLSEN, KENNETH	
STREET ADDRESS	12435 NW 17 PL	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MICALI, BARBERA	
STREET ADDRESS	2161 OAKMONT TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WESER, RAY	
STREET ADDRESS	11830 HIGHLAND PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, FREDERICK	
STREET ADDRESS	2133 SEA PINES WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Micali, Joe	
1.3 STREET ADDRESS	2161 Oakmont Terr	
1.4 CITY-ST-ZIP	Coral Springs FL 33071	
2.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Friedman, Martin	
2.3 STREET ADDRESS	12701 NW 19 Manor	
2.4 CITY-ST-ZIP	Coral Springs FL 33071	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Plotkin, Joann	
3.3 STREET ADDRESS	2055 NW 127 Terr	
3.4 CITY-ST-ZIP	Coral Springs FL 33071	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Scotchard, Shirley	
4.3 STREET ADDRESS	1860 Monte Carlo Way	
4.4 CITY-ST-ZIP	Coral Springs FL 33071	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gobstein, Harold	
5.3 STREET ADDRESS	1836 Monte Carlo Way	
5.4 CITY-ST-ZIP	Coral Springs FL 33071	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rudin, Barry	
6.3 STREET ADDRESS	12520 Burning Tree Lane	
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)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)