


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90055 036 ****61.25

DOCUMENT # 770152 1. Entity Name EAGLE TRACE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 11900 EAGLE TRACE BLVD NORTH CORAL SPRINGS, FL 33071 US			Mailing Address 11900 EAGLE TRACE BLVD NORTH CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2323707	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEINBERG, STEVEN A 7805 SW 6TH CT PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOLINA, LARRY		NAME	HARRIS, HARVEY	
STREET ADDRESS	12717 N W 18TH PLACE		STREET ADDRESS	12715 NW 19th AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	S	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CASAGRANDE, JOAN		NAME	MILL, MARK	
STREET ADDRESS	1737 NW 126 DRIVE		STREET ADDRESS	12240 EAGLE TRACE BLVD NORTH	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCARCHERO, TED		NAME	SCARCHERO, TED	
STREET ADDRESS	2035 NW 127 TERRACE		STREET ADDRESS	2035 NW 127 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	P	<input type="checkbox"/> Delete	TITLE		
NAME	JOSEPHSON, IRA		NAME		
STREET ADDRESS	1345 N W 127TH AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANK, NANCY		NAME	FRANK, NANCY	
STREET ADDRESS	1844 NW 124 AVENUE		STREET ADDRESS	1844 NW 124 AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	BERK, MICKEY		NAME		
STREET ADDRESS	11979 EAGLE TRACE BLVD NORTH		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/13/06 Daytime Phone #		

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