


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90436 023 ****61.25

DOCUMENT # N0100003036

1. Entity Name
ADDISON LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 7100 W CAMINO REAL
 SUITE 117
 BOCA RATON, FL 33433

Mailing Address
 7100 W CAMINO REAL
 SUITE 117
 BOCA RATON, FL 33433



2. Principal Place of Business

3. Mailing Address
Beacon Property Mgmt, Inc.

Suite, Apt. #, etc.
500 N.E. Spanish River Blvd #18

Suite, Apt. #, etc.
500 N.E. Spanish River Blvd #18

01092006 Chg-NP CR2E037 (11/05)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-1149836

Applied For
 Not Applicable

Zip
33431

Country
Palm Beach

Zip
33431

Country
Palm Beach

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VALYO, PAUL
 7100 W CAMINO REAL
 SUITE 117
 BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name
Ernest W. Willis

Street Address (P.O. Box Number is Not Acceptable)
Beacon Property Management, Inc.

500 N.E. Spanish River Blvd. #18

City
Boca Raton, FL Zip Code
33431

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MOREA, PATRICIA 23165 ADDISON LAKES CIR. BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEINBERG, ELAINE 23045 ADDISON LAKES CIR. BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BUSHOUSE, ELIZABETH 23161 ADDISON LAKES CIR. BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Lazor, Andrew 23049 Addison Lakes Cir. Boca Raton, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Fox, Aaron 23093 Addison Lakes Cir. Boca Raton, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Boornazian, Arem 23025 Addison Lakes Cir. Boca Raton, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Andrew Lazor* **4/19/06** **561-883-6992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #