2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90987 007 ****61.25

DOCUMENT # N96000006449 ✓

1. Entity Name
Addison Trace Community Association Inc

Principal Place of Business
c/o Mitchell T. McRae PA.
Suite 100, The Addison
6274 Linton Blvd,
Delray Beach FL 33484

Mailing Address
Prime Management
6300 Park of Commerce Bl
Boca Raton
FL 33487-8229

C0058710

2. Principal Place of Business
Delray Bch FL
Suite, Apt. #, etc.

3. Mailing Address
c/o Prime Management Group Inc.
6300 Park of Commerce Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Delray Beach FL
Zip: 33484 Country: USA

City & State: Boca Raton
Zip: FL 33487 Country: USA

4. FEI Number: 65-0704746 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Mitchell T. McRae, P.A.
Suite 100, The Addison
6274 Linton Blvd
Delray Beach FL 33484

7. Name and Address of New Registered Agent

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Francesco Calandriello 16181 Merida Lane Delray Beach FL 33484	☐ Delete	VPD Gerald Robinson 23125 State Rd 7 #201 Boca Raton FL 33428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Gerald Robinson 23125 State Rd 7 #201 Boca Raton FL 33428	☐ Delete	PD Francesco Calandriello 16181 Merida Lane Boca Raton FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Zave Aberman 2255 Glades Rd, Suite 405 East Boca Raton FL 33431	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS. Jerry Schiff 2255 Glades Rd, Suite 405 East Boca Raton FL 33431	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #