

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90036 001 ****61.25

DOCUMENT # N96000006449

1. Entity Name

ADDISON TRACE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MITCHELL T. MCRAE, P.A.
 6274 LINTON BLVD STE 100
 DELRAY BEACH FL 33484

6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487

2. Principal Place of Business

% Larry Williams

3. Mailing Address

PO Box 7294

Suite, Apt. #, etc.

5582 Via de la Plata Ci

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0704746

Applied For

Not Applicable

Zip

Country

33484-6439

Palm Beach

Zip

Country

33482-7294

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCRAE, MITCHELL T
6274 LINTON BLVD STE 100
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

David A Core, Esq.

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

St. John, Core, Fiore & Lemme, P.A.

500 Australian Ave Suite 600

City

W Palm Beach

FL

Zip Code
33401

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

TITLE **VPD** ☒ Delete
 NAME **ROBINSON, GERALD**
 STREET ADDRESS **23123 STATE RD 7 #201**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **DV** ☒ Delete
 NAME **ABERMAN, ZAVE**
 STREET ADDRESS **2255 GLADES ROAD, SUITE 405 EAST**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DS** ☒ Delete
 NAME **SCHIFF, JERRY**
 STREET ADDRESS **2255 GLADES ROAD, SUITE 405 EAST**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PD** ☒ Delete
 NAME **CALARDRIELLO, FRANCESCO**
 STREET ADDRESS **16181 MERIDIA LANE**
 CITY-ST-ZIP **BOCA RATON FL 33484**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDC** ☐ Change ☒ Addition
 NAME **Norman L. Williams**
 STREET ADDRESS **5582 Via de la Plata Circle**
 CITY-ST-ZIP **Delray Beach FL 33484-6439**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Edmund Schleider**
 STREET ADDRESS **5636 Via de la Plata Circle**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **SD** ☐ Change ☒ Addition
 NAME **~~Stephen Pasco~~**
 STREET ADDRESS **~~5641 Via de la Plata Circle~~**
 CITY-ST-ZIP **~~Delray Beach, FL 33484~~**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Hal Baker**
 STREET ADDRESS **5600 Via de la Plata Circle**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **D** ☐ Change ☒ Addition
 NAME **Alan Cohara**
 STREET ADDRESS **5834 Via de la Plata Circle**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Shelley Samit**
 STREET ADDRESS **5594 Via de la Plata Circle**
 CITY-ST-ZIP **Delray Beach, FL 33484**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:

NORMAN L WILLIAMS
PRESIDENT

3-17-2002 561-789-8881

CR2E037 (9/01)