

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90043 004 ****61.25

DOCUMENT # N06000006449

1. Entity Name

ADDISON TRACE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**C/O CMC MANAGEMENT
2994 JOG ROAD ST B
GREENACRES FL 33467**

Mailing Address

**C/O CMC MANAGEMENT
2994 JOG ROAD ST B
GREENACRES FL 33467**

34060431



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0704746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERRISH, SCOT A
C/O CMC MANAGEMENT, INC.
2994 JOG ROAD, SUITE B
GREENACRES FL 33467**

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

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
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD BAKER, LINDA	☐ Delete
STREET ADDRESS	5600 VIA DE LA PLATA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE NAME	VD TULCHIN, CAROL	☒ Delete
STREET ADDRESS	5186 VIA DE LA PLATA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE NAME	TD WILLIAMS, LARRY	☒ Delete
STREET ADDRESS	5582 VIA DE LA PLATA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE NAME	D WALDMAN, SANDRA	☒ Delete
STREET ADDRESS	5689 VIA DE LA PLATA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE NAME	D FERN, ROGER	☒ Delete
STREET ADDRESS	16216 MERIDA LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD Terry Walsh	☐ Change ☒ Addition
STREET ADDRESS	5533 Via de la Plata Circle	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE NAME	TD Susan Walsh	☐ Change ☒ Addition
STREET ADDRESS	5642 Via de la Plata Circle	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE NAME	SD Marsha Schleider	☐ Change ☒ Addition
STREET ADDRESS	5636 Via de la Plata Circle	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE NAME		☐ Change ☒ Addition
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Baker 2/26/04 Linda Baker 641-1016