NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90205 002 ****61.25

DOCUMENT # N96000006449

1. Entity Name
Addison Trace Community Association, Inc.

DO NOT WRITE IN THIS SPACE

90090549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o CMC Management	c/o CMC Management
Suite, Apt. #, etc. 2994 Jog Road, Ste. B	Suite, Apt. #, etc. 2994 Jog Road, Ste. B
City & State Greenacres, FL	City & State Greenacres, FL
Zip 33467 Country USA	Zip 33467 Country USA

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Scot A. Gerrish

Street Address (P.O. Box Number is Not Acceptable): c/o CMC Management, Inc.
2994 Jog Road, Suite B

City: Greenacres FL Zip Code: 33467

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 ✓ Scot A. Gerrish 3/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	PD	TITLE	
NAME	Linda Baker	NAME	
STREET ADDRESS	5600 Via de la Plata Circle	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	
TITLE	VP/D	TITLE	
NAME	Carol Tulchin	NAME	
STREET ADDRESS	5816 Via de la Plata Circle	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Roger Fern	NAME	
STREET ADDRESS	16216 Merida Lane	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Larry Williams	NAME	**IN THIS SPACE**
STREET ADDRESS	5582 Via de la Plata Circle	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Sandra Waldman	NAME	
STREET ADDRESS	5689 Via de la Plata Circle	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33484	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Linda Baker PRES LINDA BAKER 4/8/03 561.865.8561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number