

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006449

Entity Name: ADDISON TRACE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**790 PARK OF COMMERCE BLVD
SUITE 200
BOCA RATON, FL 33487**Current Mailing Address:**C/O AFFINITY MANAGEMENT SERVICES
8200 NW 41 ST SUITE 200
DORAL, FL 33166 US**FEI Number:** 65-0863663**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYE BENDER REMBAUM, P.L.
1200 PARK CENTRAL BOULEVARD SOUTH
POMPAHO BEACH, FL 33064 US*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:** MICHAEL BENDER

04/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name DEVIVIES, CHRISTOPHER
Address C/O AFFINITY MANAGEMENT
SERVICES
8200 NW 41 ST SUITE 200
City-State-Zip: DORAL FL 33166

Title SECRETARY
Name SIDWELL, JEAN
Address C/O AFFINITY MANAGEMENT
SERVICES
8200 NW 41 ST SUITE 200
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name DEVRIES, JULIE
Address C/O AFFINITY MANAGEMENT
SERVICES
8200 NW 41 ST SUITE 200
City-State-Zip: DORAL FL 33166

Title PRESIDENT
Name OROFINO, PAUL
Address C/O AFFINITY MANAGEMENT
SERVICES
8200 NW 41 ST SUITE 200
City-State-Zip: DORAL FL 33166

Title VP
Name O'BRIEN, TRACY
Address C/O AFFINITY MANAGEMENT
SERVICES
8200 NW 41 ST SUITE 200
City-State-Zip: DORAL FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL OROFINO

PRESIDENT

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date