


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90028 023 ****61.25

DOCUMENT # 770152 1. Entity Name EAGLE TRACE COMMUNITY ASSOCIATION, INC.																													
Principal Place of Business 11900 EAGLE TRACE BLVD NORTH CORAL SPRINGS, FL 33071 US				Mailing Address 11900 EAGLE TRACE BLVD NORTH CORAL SPRINGS, FL 33071 US																									
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
WEINBERG, STEVEN A 7805 SW 6TH CT PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORROW, HARVEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12715 NW 19 MANOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">President</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Marty Friedman</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12701 NW 19th Manor</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Springs, FL 33071</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	MORROW, HARVEY		STREET ADDRESS	12715 NW 19 MANOR		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		TITLE	President	<input checked="" type="checkbox"/> Addition	NAME	Marty Friedman		STREET ADDRESS	12701 NW 19 th Manor		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete																											
NAME	MORROW, HARVEY																												
STREET ADDRESS	12715 NW 19 MANOR																												
CITY-ST-ZIP	CORAL SPRINGS, FL 33071																												
TITLE	President	<input checked="" type="checkbox"/> Addition																											
NAME	Marty Friedman																												
STREET ADDRESS	12701 NW 19 th Manor																												
CITY-ST-ZIP	Coral Springs, FL 33071																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">S</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASAGRANDE, JOAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1737 NW 126 DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table>		TITLE	S	<input checked="" type="checkbox"/> Delete	NAME	CASAGRANDE, JOAN		STREET ADDRESS	1737 NW 126 DRIVE		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Vice President</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Mickey Berk</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11979 Eagle Trace Blvd. North</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Springs, FL 33071</td> <td></td> </tr> </table>				TITLE	Vice President	<input checked="" type="checkbox"/> Addition	NAME	Mickey Berk		STREET ADDRESS	11979 Eagle Trace Blvd. North		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	S	<input checked="" type="checkbox"/> Delete																											
NAME	CASAGRANDE, JOAN																												
STREET ADDRESS	1737 NW 126 DRIVE																												
CITY-ST-ZIP	CORAL SPRINGS, FL 33071																												
TITLE	Vice President	<input checked="" type="checkbox"/> Addition																											
NAME	Mickey Berk																												
STREET ADDRESS	11979 Eagle Trace Blvd. North																												
CITY-ST-ZIP	Coral Springs, FL 33071																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCATCHERO, TED</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2035 NW 127 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	SCATCHERO, TED		STREET ADDRESS	2035 NW 127 TERRACE		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Treasurer</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Harvey Morrow</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12715 NW 19th Manor</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Springs, FL 33071</td> <td></td> </tr> </table>				TITLE	Treasurer	<input checked="" type="checkbox"/> Addition	NAME	Harvey Morrow		STREET ADDRESS	12715 NW 19 th Manor		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete																											
NAME	SCATCHERO, TED																												
STREET ADDRESS	2035 NW 127 TERRACE																												
CITY-ST-ZIP	CORAL SPRINGS, FL 33071																												
TITLE	Treasurer	<input checked="" type="checkbox"/> Addition																											
NAME	Harvey Morrow																												
STREET ADDRESS	12715 NW 19 th Manor																												
CITY-ST-ZIP	Coral Springs, FL 33071																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOSEPHSON, IRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1345 N W 127TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	JOSEPHSON, IRA		STREET ADDRESS	1345 N W 127TH AVE		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Secretary</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Nancy Frank</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1844 NW 124th Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Springs, FL 33071</td> <td></td> </tr> </table>				TITLE	Secretary	<input checked="" type="checkbox"/> Addition	NAME	Nancy Frank		STREET ADDRESS	1844 NW 124 th Avenue		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	P	<input checked="" type="checkbox"/> Delete																											
NAME	JOSEPHSON, IRA																												
STREET ADDRESS	1345 N W 127TH AVE																												
CITY-ST-ZIP	CORAL SPRINGS, FL 33071																												
TITLE	Secretary	<input checked="" type="checkbox"/> Addition																											
NAME	Nancy Frank																												
STREET ADDRESS	1844 NW 124 th Avenue																												
CITY-ST-ZIP	Coral Springs, FL 33071																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">T</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRANK, NANCY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1844 NW 124 AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table>		TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	FRANK, NANCY		STREET ADDRESS	1844 NW 124 AVENUE		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Director</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Ted Scatcherd</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2035 NW 127th Terrace</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Springs, FL 33071</td> <td></td> </tr> </table>				TITLE	Director	<input checked="" type="checkbox"/> Addition	NAME	Ted Scatcherd		STREET ADDRESS	2035 NW 127 th Terrace		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	T	<input checked="" type="checkbox"/> Delete																											
NAME	FRANK, NANCY																												
STREET ADDRESS	1844 NW 124 AVENUE																												
CITY-ST-ZIP	CORAL SPRINGS, FL 33071																												
TITLE	Director	<input checked="" type="checkbox"/> Addition																											
NAME	Ted Scatcherd																												
STREET ADDRESS	2035 NW 127 th Terrace																												
CITY-ST-ZIP	Coral Springs, FL 33071																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VP</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERK, MICKEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11979 EAGLE TRACE BLVD NORTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table>		TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	BERK, MICKEY		STREET ADDRESS	11979 EAGLE TRACE BLVD NORTH		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Director</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Mark Mills</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12240 Eagle Trace Blvd. North</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Springs, FL 33071</td> <td></td> </tr> </table>				TITLE	Director	<input checked="" type="checkbox"/> Addition	NAME	Mark Mills		STREET ADDRESS	12240 Eagle Trace Blvd. North		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	VP	<input checked="" type="checkbox"/> Delete																											
NAME	BERK, MICKEY																												
STREET ADDRESS	11979 EAGLE TRACE BLVD NORTH																												
CITY-ST-ZIP	CORAL SPRINGS, FL 33071																												
TITLE	Director	<input checked="" type="checkbox"/> Addition																											
NAME	Mark Mills																												
STREET ADDRESS	12240 Eagle Trace Blvd. North																												
CITY-ST-ZIP	Coral Springs, FL 33071																												
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions cor- 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: <u>Marty Friedman</u> <u>MARTIN FRIEDMAN</u> <u>3/31/06</u> <u>954-796-5013</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													