

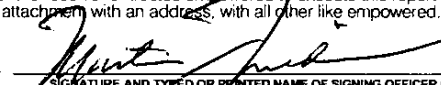


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90036 004 ****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 - No P.O. Box #		3. Mailing Address		 04092008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2323707	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A 7805 SW 6TH CT PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDMAN, MARTY 32701 NW 19TH MANOR POMPANO BEACH, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEFFREY EISENTHAL 12704 NW 18 COURT CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERK, MICKEY 11979 EAGLE TR BLVD N POMPANO BEACH, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENEE WALTZ 1429 NW 127 AVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORROW, HARVEY 12715 NW 19TH MANOR POMPANO BEACH, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANK, NANCY 1844 NW 124TH AVE POMPANO BEACH, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCATCHERD, TED 2035 NW 127TH TERR POMPANO BEACH, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, MARK 12240 EAGLE TRACE BLVD N POMPANO BEACH, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					