


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90015 042 \*\*\*\*61.25

<b>DOCUMENT # N00000003177</b>					
<b>1. Entity Name</b> CORAL TRACE HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3900 WOODLAKE BLVD STE 309 WEST PALM BEACH, FL 33409			<b>Mailing Address</b> 3900 WOODLAKE BLVD STE 309 WEST PALM BEACH, FL 33409 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 90-0023431	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CHAPNICK, MICHAEL 100 E. LINTON BLVD., STE 102-B DELRAY BEACH, FL 33483			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> MAISTER, SANFORD 2467 S. CORAL TRACE CIRCLE DELRAY BEACH, FL 33445		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Mark, Robert</b> 391 Coral Trace Cir. Delray Bch, FL 33445	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> SILVER, CHRISTEL 278 E. CORAL TRACE CIRCLE DELRAY BEACH, FL 33445		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Magee, Barbara</b> 353 W. Coral Trace Cir Delray Bch, FL 33445	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S Monahan, Mary</b> 463 Coral Trace Cir Delray Bch, FL 33445	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Adler, Lloyd</b> 207 E. Coral Trace Cir Delray Beach, FL 33445	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D Keyton, Otto</b> 355 E. Coral Trace Cir Delray Beach, FL 33445	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____	
<b>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</b>					
<b>SIGNATURE:</b> <u>Robert Marks</u> <b>ROBERT MARKS</b> 7/15/08 561-266-8494					