2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000003177

FILED Oct 26, 2009 Secretary of State

Entity Name: CORAL TRACE HOMEOWNERS' ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
3900 WOO	DDLAKE BLVD	
	LM BEACH, FL 33409	
Current M	lailing Address:	New Mailing Address:
STE 309	DDLAKE BLVD	
MESTPA	LM BEACH, FL 33409 US	
	: 90-0023431	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
100 E. LIN	K, MICHAEL TON BLVD., STE 102-B BEACH, FL 33483 US	CHAPNICK, MICHAEL E ESQ 100 EAST LINTON BOULEVARD SUITE 502B DELRAY BEACH, FL 33483 US
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or bo
SIGNATURE: MICHAEL E CHAPNICK		10/26/2009
	Electronic Signature of Registered Ag	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Fitle: Name: Address: City-St-Zip:	P () Delete MARK, ROBERT 371 CORAL TRACE LN DELRAY BEACH, FL 33445	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Jame: Address: City-St-Zip:	VP () Delete MAGEE, BARBARA 353 W CORAL TRACE CIR DELRAY BEACH, FL 33445	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Jame: Address: City-St-Zip:	S () Delete MONAHAN, GARY 403 CORAL TRACE LN DELRAY BEACH, FL 33445	Title: D (X) Change () Addition Name: MOTTO, ERIC Address: 2478 N CORAL TRACE CIR City-St-Zip: DELRAY BEACH, FL 33445
Fitle: Name: Address: City-St-Zip:	T () Delete ADLER, LLOYD 207 E CORAL TRACE CIR DELRAY BEACH, FL 33445	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address:	D () Delete RAYBON, OTTIS 355 E. CORAL TRACE CIR	Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL E CHAPNICK, AGENT AND ATTORNEY RA 10/26/2009