

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003177

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** CORAL TRACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

190 CORAL TRACE BLVD  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SEACREST SERVICES, INC.  
2400 CENTREPARK W DR, #175  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 90-0023431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPNICK, MICHAEL E ESQ  
100 EAST LINTON BOULEVARD  
SUITE 502B  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MOTTO, ERIC  
**Address:** 2748 NORTH CORAL TRACE CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** VP  
**Name:** LAIRD, SNOOKIE  
**Address:** 2516 SOUTH CORAL TRACE  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** T  
**Name:** SAMAREL, MARSHALL  
**Address:** 269 CORAL TRACE COURT  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** S  
**Name:** MAGEE, BARBARA  
**Address:** 353 W. CORAL TRACE CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** D  
**Name:** MARKS, BOB  
**Address:** 371 CORAL TRACE LANE  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

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:** MARTHA OLDS

MGRM

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date