
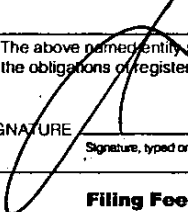
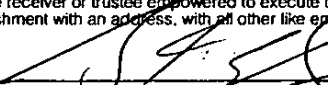


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90072 001 ****61.25

DOCUMENT # N03000009718			
1. Entity Name CORAL TRACE HOMEOWNERS ASSOCIATION OF VOLUSIA, INC.			
Principal Place of Business 1682 WEST HIBISCUS BLVD. MELBOURNE, FL 32901		Mailing Address 1682 WEST HIBISCUS BLVD. MELBOURNE, FL 32901	
2. Principal Place of Business 3696 N. FEDERAL HWY. Suite, Apt. #, etc. SUITE 203 City & State FORT LAUDERDALE, FL Zip 33308 Country U.S.		3. Mailing Address 3696 N. FEDERAL HWY. Suite, Apt. #, etc. SUITE 203 City & State FORT LAUDERDALE, FL Zip 33308 Country U.S.	
4. FEI Number 20-0773391		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, P. MICHAEL 1682 WEST HIBISCUS BLVD. MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Joel S. Piotrkowski, Esq. Street Address (P.O. Box Number is Not Acceptable) 317-71st Street City Miami Beach FL Zip Code 33141	
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  Signature, typed or printed name of registered agent and title if applicable.		JOEL S. PIOTRKOWSKI, ESQ. 2/16/05 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	D ACKERMAN, MARK 7331 OFFICE PARK PLACE, BLDG. A, SUITE 400 VIERA, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOFKY, STANLEY 3696 N. FEDERAL HIGHWAY, #203 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOFKY, MATTHEW 3696 N. FEDERAL HIGHWAY, #203 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRES. 2/16/05 954-567-5161 Date Daytime Phone #	
STANLEY MARKOFKY, PRESIDENT			