

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90239 026 \*\*\*\*61.25

**DOCUMENT # N04000005796**

1. Entity Name  
**CAROLINA TRACE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**12880 US HWY ONE  
JUNO BEACH, FL 33408**

Mailing Address  
**835 20TH PLACE  
VERO BEACH, FL 32960**

**40084970**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

04192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-1556495**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MERRILL, KAREN  
835 20TH PLACE  
VERO BEACH, FL 32960**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, LARRY E	
STREET ADDRESS	BOX 240, 177 N FEDERAL HWY	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALMA, A	
STREET ADDRESS	12880 US HWY ONE	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, CAROL	
STREET ADDRESS	BOX 240, 177 N FEDERAL HWY	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASSA, JOSEPH	
STREET ADDRESS	1655 42ND SQ #104 BLDG 17	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Eassa	
STREET ADDRESS	1655 42nd SQ #104 BLDG 17	
CITY-ST-ZIP	VERO Beach, FL 32960	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Dingee	
STREET ADDRESS	1655 42nd Square	
CITY-ST-ZIP	VERO Beach FL 32960	
TITLE	V.P. Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph K. Krauszer (Kris)	
STREET ADDRESS	1725 42nd Square	
CITY-ST-ZIP	VERO Beach, FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Marcom	
STREET ADDRESS	1630 42nd Square	
CITY-ST-ZIP	VERO Beach FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Kovasi	
STREET ADDRESS	1670 42nd Square	
CITY-ST-ZIP	VERO Beach FL 32960	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Cannon	
STREET ADDRESS	1625 42nd Square	
CITY-ST-ZIP	VERO Beach FL 32960	

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: Joseph K. Krauszer 4/23/07 772-234-7018  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #