

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003194

FILED
Jan 31, 2007
Secretary of State

Entity Name: PROMENADE AT TRADITION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

3900 WOODLAKE BLVD.
SUITE 309
LAKE WORTH, FL 33463 US

Current Mailing Address:

825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071

New Mailing Address:

C/O GRS MANAGEMENT, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARGOLIS, STEPHEN
825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

GRS MANAGEMENT, INC.
3900 WOODLAKE BLVD.
SUITE 309
LAKE WORTH, FL 33463 US

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: ROBERT ZULLI

01/31/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARGOLIS, STEPHEN
Address: 825 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DVT () Delete
Name: GOMEZ, ALBERT
Address: 825 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DS () Delete
Name: GOMEZ, ALBERT
Address: 825 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: REILLY, SHAWN
Address: 3900 WOODLAKE BLVD., SUITE 309
City-St-Zip: LAKE WORTH, FL 33463

Title: DS (X) Change () Addition
Name: FONTANA, LAWRENCE
Address: 3900 WOODLAKE BLVD., SUITE 309
City-St-Zip: LAKE WORTH, FL 33463 US

Title: DVPT (X) Change () Addition
Name: EHRSAM, HOWARD
Address: 3900 WOODLAKE BLVD., SUITE 309
City-St-Zip: LAKE WORTH, FL 33463 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN REILLY

DP

01/31/2007

Electronic Signature of Signing Officer or Director

Date