

112

FILED

3 Mar 26, 2007 8:00 am
Secretary of State

03-12-2007 90377 009 *****61.25

**2007 NOT-FOR-PROFIT CORPORATION
Amended ANNUAL REPORT**

DOCUMENT # N06000003194			
1. Entity Name PROMENADE AT TRADITION COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071		Mailing Address 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042007 Chg-NP		CR2E037 (12/06)	
4. FEI Number 20-4544914		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIS, STEPHEN 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Shendell & Associates, P.A. 3650 N. Federal Highway #202 Lighthouse Point, FL 33064 Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the same or to a different address, and accept the obligations of registered agent.			
SIGNATURE <u><i>Shendell Gamar Shendell</i></u> President		DATE <u>2-28-07</u>	
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	DP	☒ Delete	
NAME	MARGOLIS, STEPHEN		
STREET ADDRESS	825 CORAL RIDGE DRIVE		
CITY-STATE-ZIP	CORAL SPRINGS, FL 33071		
TITLE	DVT	☒ Delete	
NAME	GOMEZ, ALBERT		
STREET ADDRESS	825 CORAL RIDGE DRIVE		
CITY-STATE-ZIP	CORAL SPRINGS, FL 33071		
TITLE	DS	☒ Delete	
NAME	GOMEZ, ALBERT		
STREET ADDRESS	825 CORAL RIDGE DRIVE		
CITY-STATE-ZIP	CORAL SPRINGS, FL 33071		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		☐ Change ☒ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☒ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☒ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☒ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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: <u><i>[Signature]</i></u>		Date <u>2/24/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

3/29 ew

66006467
ATTACHMENT # N06000003194

ATTACHMENT TO 2007 NOT-FOR-PROFIT ANNUAL REPORT

Document # N23279

Association: Promenade at Tradition Community Association, Inc.

ADD - PD

REILLY, SHAWN

10521 SW VILLAGE CENTER DR #201

TRADITION, FL 34987

ADD - SD

EHR SAM, HOWARD

10521 SW VILLAGE CENTER DR #201

TRADITION, FL 34987

ADD - TD

FONTANA, LARRY

10320 SW STEPHANIE WAY #205

PORT ST. LUCIE, FL 33071