

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20391

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: BOCA TRACE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

11784 W SAMPLE RD  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

11784 W SAMPLE RD  
#103  
CORAL SPRINGS, FL 33065 US

## Current Mailing Address:

11784 W SAMPLE RD  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

11784 W SAMPLE RD  
#103  
CORAL SPRINGS, FL 33065 US

FEI Number: 59-2805434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED COMMUNITY MGMT CORP  
11784 W SAMPLE RD  
CORAL SPRINGS, FL 33065 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: SD ( ) Delete  
Name: FELDMAN, BOB  
Address: 23340 SEDAWIE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: PD ( ) Delete  
Name: BARANSKI, ZYGMUNT  
Address: 8583 JARED WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: VPD ( ) Delete  
Name: BODDEN, KEVIN  
Address: 8634 KIMBLE WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: COPOLLA, ROY  
Address: 8658 KIMBLE WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ALPER, RANDY  
Address: 23427 BOCA TRACE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Change (X) Addition  
Name: CHANG, ANA J  
Address: 23260 BOCA TRACE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify 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: MARY LOU PALMER

AGT

03/11/2009

Electronic Signature of Signing Officer or Director

Date