

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90168 031 \*\*\*\*61.25

<b>DOCUMENT # N30818</b> 1. Entity Name <b>THE EAGLE CREEK AT EAGLE TRACE ASSOCIATION, INC.</b>					
Principal Place of Business <b>953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US</b>			Mailing Address <b>INTEGRITY PROPERTY MANAGEMENT PO BOX 8726 CORAL SPRINGS, FL 33075 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3240483</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WHITTLE, CYNTHIA G 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Christina Faleu Wallach</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEVIN, DENNIS J		NAME	Christine Wallach	
STREET ADDRESS	12228 GLENMORE DR		STREET ADDRESS	12172 Glenmore Dr	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAUFER, ALLAN		NAME	Brian Frey	
STREET ADDRESS	12221 GLENMORE DRIVE		STREET ADDRESS	12205 Glenmore Dr	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEINSTEIN, ALLEN		NAME	Patricia Rogers	
STREET ADDRESS	12229 GLENMORE DR		STREET ADDRESS	12133 Glenmore Dr	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMPSON, PIYA		NAME	Marc Goldberg	
STREET ADDRESS	12213 GLENMORE DRIVE		STREET ADDRESS	12197 Glenmore Dr	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAEFFER, JUDY		NAME		
STREET ADDRESS	12236 GLENMORE DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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.					
<b>SIGNATURE:</b> <i>Christina Faleu Wallach</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>3/2/06</i>		
			Daytime Phone # <i>9543443636</i>		