


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90019 050 ****61.25

DOCUMENT # N30818 1. Entity Name THE EAGLE CREEK AT EAGLE TRACE ASSOCIATION, INC.					
Principal Place of Business 1000 EAGLE TRACE BLVD W CORAL SPRINGS, FL 33071 US			Mailing Address INTEGRITY PROPERTY MANAGEMENT PO BOX 8726 CORAL SPRINGS, FL 33075 US		
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	4. FEI Number 59-3240483	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEINBURG, STEVEN A 7805 SW 6 CT PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACH, CHRISTINE		NAME	Leon Rostowsky	
STREET ADDRESS	12172 GLENMORE DR		STREET ADDRESS	12197 Glenmore Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, BRIAN		NAME		
STREET ADDRESS	12205 GLENMORE DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, PATRICIA		NAME		
STREET ADDRESS	12133 GLENMORE DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, MARC		NAME		
STREET ADDRESS	12197 GLENMORE DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input 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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeri Klempner		NAME		
STREET ADDRESS	12044 Glenmore Drive		STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33071		CITY-ST-ZIP		
12. I hereby 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: <i>Christine Wallach</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/25/08</i> Daytime Phone #		

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