2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N39092

Entity Name: PALM BEACH TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD STE 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD STE 309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0217604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAY STEVEN LEVINE, P.A.
3300 PGA BLVD., STE 530
PALM BEACH GARDENS, FL 334113341 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: PD ( ) Delete
Name: JAGOO, SUNIL
Address: 8972 BANYAN BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TSD ( ) Delete
Name: MCLELLAN, ROBERT
Address: 2108 PALM BEACH TRL DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP (X) Delete
Name: HERALLAL, SATISH
Address: 4812-127TH TR N
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: D ( ) Delete
Name: SANDE, BRUCE
Address: 11420 FORTUNE CIR 1 -13
City-St-Zip: WELLINGTON, FL 33414

Title: S (X) Delete
Name: BEGLEY, JON
Address: 1806 P.B. TRACE DR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: SINGH, VEN
Address: 707 PALM BEACH TRACE DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPTD (X) Change ( ) Addition
Name: NOLA, BARBRA
Address: 203 PALM BEACH TRL DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

Title: PD (X) Change ( ) Addition
Name: SANDE, BRUCE
Address: 11420 FORTUNE CIR 1 -13
City-St-Zip: WELLINGTON, FL 33414

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

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: BRUCE SANDE PD 03/18/2009

Electronic Signature of Signing Officer or Director — Date