

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N46886

1. Entity Name
ADDISON ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
464 ADDISON PARK LANE
BOCA RATON, FL 33432 US

Mailing Address
6352 SHADOW CREEK
LAKE WORTH, FL 33463



02272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0305839

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RAM REALTY GROUP, INC.
6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME EZAGUI, JULIETTE
STREET ADDRESS 452 ADDISON PARK LANE
CITY- ST- ZIP BOCA RATON, FL 33432

TITLE D
NAME MURPHY, GENEVIEVE
STREET ADDRESS 422 ADDISON PARK LN
CITY- ST- ZIP BOCA RATON, FL 33432

TITLE PD
NAME CUCCOLO, ANTHONY
STREET ADDRESS 458 ADDISON PARK LN
CITY- ST- ZIP BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000864853
04/07/08-80004-010 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #