

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46886

FILED
Feb 08, 2012
Secretary of State

Entity Name: ADDISON ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0305839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER REALTY MANAGEMENT LLC
6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463 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: DP
Name: PREMINGER, CLIFFORD
Address: 455 ADDISON PARK LANE
City-St-Zip: BOCA RATON, FL 33432

Title: DT
Name: GLAZER, LLOYD
Address: 449 ADDISON PARK LN
City-St-Zip: BOCA RATON, FL 33432

Title: DS
Name: KLAMAN, BARBARA
Address: 434 ADDISON PARK LN
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: EZAQUI, JULIETTE
Address: 452 ADDISON PARK LANE
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: MURPHY, GENEVIEVE
Address: 422 ADDISON PARK LANE
City-St-Zip: BOCA RATON, FL 33432

I hereby 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 all other like empowered.

SIGNATURE: DEBRA MILLER, LCAM

RA

02/08/2012

Electronic Signature of Signing Officer or Director

Date