## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

|   | 1996   | DIVISION OF   | CORPORATIONS                                  |  |   |
|---|--|---|---|--|---|
| DOCU<br>1. Corporation                            | MENT # N4764                                       | 45 (9)  |   |  |   |
| FOREST TRACE RESIDENTS ASSOCIATION, INC.          |  |   |   |  |   |
|   |  |   |   | i (Baillein fan Gibri Aband Bona Dina  | EL BITT ALDIE BIBLE BIBLE BIBLE BEBLE BEBLE BODE                |
|   |  |   |   |  | ] [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]                         |
| Principal Plac                                    |  | Mailing Address   |   |  | a.v. a.a. arati digit arati bibit bibit ibfi                    |
| 5500 N.W. 69TH AVE 5500 N.W. 69TH AVE APT 202     |  |   | 10000180<br>-04/29/9801                       | UU2'F11<br>125021  |   |
| APT 202  LAUDERHILL FL 33319  LAUDERHILL FL 33319 |  |   | ***61.25                                      | 199051   |   |
| US US   |  |   | 3. Date Incorporated or Qualified 03/02/1992  | 3a. Date of Last Report  |   |
| A D: : 15   |  |   |   |  | 02/13/1995  |
| 2. Principal P                                    | lace of Business                                   | 2a. Mailing Address   |   | 4. FEI Number<br>65-0342668  | Applied For   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.           |  | Suite Ant # etc   |   | 00 0042000   | Not Applicable  |
| 22  |  | <u> </u>  |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                                  |
| City & State City & State                         |  |   | 6. Election Campaign Financing                | \$5.00 May Be  |   |
| 23  |  | 28  |   | Trust Fund Contribution  | Added to Fees   |
| Ζίρ<br><b>24</b>                                  | Country 25   | Zip   | Country                                       | 8. This corporation has liability for  |   |
| <u> </u>  | 9. Name and Address of Curre                       | 29 ent Registered Agent   | 30  | Florida Statutes  10. Name and Address of New F  | Yes No  |
|   |  |   | 81 Name                                       | 2 6 0  |   |
| BRILL, JACK                                       |  |   | 82 Street                                     | DIANA B. CORAN   |   |
| 5500 NORHTWEST 69TH AVENUE                        |  |   | B2 Stree                                      | t Address (P.O. Box Number is Not Acceptate<br>5500 N.W. 69 Av e   | ole)  |
| APT 202   |  |   | 83  |  |   |
| LAUDER  | HILL FL 33319                                      |   | 84 City                                       | ApT. 505   | De Zo Codo  |
| 11 Durougnt                                       | to the employee of Cartan 017 000                  | 20 1047 1500 5  |   | LAuderhill   | FL 85 Zip Code 5 3 3 3 1 9                                      |
| or registe  | red agent, or both, in the State of Flo            | J2 and 617.1508, Florida Statutes<br>rida. Such change was authorized | i, the above-named of<br>by the corporation's | corporation submits this statement for the push board of directors. I hereby accept the app  | rpose of changing its registered office                         |
|   | ith, and accept the obligations of, Sec            | ction 617.0503, Florida Statutes.                                     | ,   | and applying the control of the cont | omandir de registeres agent. I am                               |
| SIGNATURE   | Signature, typed or printed name of registered age | int and title if applicable (NOTE                                     | : Registered Agent signature                  | required when reinstation  | DATE  |
| 12.   | OFFICERS AI  | ND DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFF   |   |
| TITLE   | BRILL, JACK  | <b>⊡</b> DELETE   | 1.1 TITLE                                     | P  | ICERS AND DIRECTORS IN 12  Change ☐ Addition  Change ☐ Addition |
| NAME<br>STREET ADDRESS                            | 5500 NW 69TH AVE                                   |   | 1.2 NAME                                      | CURAN, DIANA B   | 1,0   |
| CITY-ST-ZIP                                       | LAUDERHILL FL                                      |   | 1.3 STREET ADDRESS                            |  | 2 2 2   |
| TITLE   | ν  | DELETE  | 1.4 CITY-ST-ZIP                               | hauderhill, Fl. ?  | Change  |
| NAME  | Shapiro, Rose                                      |   | 2.2 NAME                                      |  |   |
| STREET ADDRESS                                    | 5500 N.W. 69TH AVE                                 |   | 2 3 STREET ADDRESS                            | Abrams, MARY<br>5500 N.W. 69 Ave   |   |
| CITY-ST-ZIP                                       | LAUDERHILL FL                                      |   | 2 4 CITY-ST-ZIP                               | Lauderhill, Fl. 3:   | 3319  |
| TITLE   | S<br>PODELL, LISA                                  | DELETE  | 3.1 TITLE                                     | 15   | Change Addition   |
| NAME<br>STREET ADDRESS                            | 500 N.W. 69TH AVE.                                 |   | 3 2 NAME                                      | Padell, LISA   |   |
| CITY-ST-ZIP                                       | LAUDERHILL FL                                      |   | 3 3 STREET ADDRESS                            | 5500 NW 69 AVE   | 2 - 1 - 0   |
| TITLE   | D  | <b>☑</b> DELETE   | 3 4. CITY-ST-ZIP<br>4 1 TITLE                 | D LAuderhill, F1.3   | □ Obsesse □ 4.4400 □  |
| NAME  | gelb, david  | Ψ3  | 4. 2 NAME                                     | Weiner, EMANO  | C. ☐ Change ☐ Addition  |
| STREET ADDRESS                                    | 5500 NW 69TH AVE                                   |   | 4.3 STREET ADDRESS                            | 5500 N.W. 69 AV  | e,  |
| CITY-ST-ZIP                                       | LAUDERHILL FL                                      |   | 4.4 CITY - ST - ZIP                           | Lauderhill, Fl. 3  | 53319   |
| TITLE   | D<br>WEINED EMANUE                                 | DELETE  | 5.1 TITLE                                     | Deheifetz, ANNET   |   |
| NAME  | WEINER, EMANUEL<br>5500 NW 69 AVE                  |   | 5 2 NAME                                      | 5500 N.W. 694  |   |
| STREET ADDRESS                                    | LANDERHILL FL                                      |   | 5.3 STREET ADDRESS                            |  |   |
| CITY-ST-ZIP<br>TITLE                              | D D  | DELETE  | 5 4 CITY-ST-ZIP                               | D Goldman, Sara  | >> 3 17   |
| NAME  | ABRAMS, MARY                                       | Marreis   | 6.1 TITLE<br>6.2 NAME                         | Goldman, Sara  | Change Addition   |
| STREET ADDRESS                                    | 5500 N.W. 69TH AVE.                                |   | 6.3 STREET ADDRESS                            | 5500 N.W 69Aue   | 4010  |
| CITY-ST-ZIP                                       | LAUDERHILL FL                                      |   | 6.4 CITY - ST - 7IP                           | houdexhill, Fl.  | - · · · · · · · · · · · · · · · · · · ·                         |
| 14. I do hereb                                    | y certify that the information supplied            | with this filing is voluntarily furnish                               | ed and does not our                           | I<br>Alify for the exemption stated in Section 119 (   | 7/(2)(1)   Fig. (de Obs)  |

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11 1996 741-0354

Dayline Prove #