

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McRtham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47645 (9)
1. Corporation Name
FOREST TRACE RESIDENTS ASSOCIATION, INC.



Principal Place of Business 5500 N.W. 69TH AVE APT 202 LAUDERHILL FL 33319 US	Mailing Address 5500 N.W. 69TH AVE APT 202 LAUDERHILL FL 33319 US
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3. Date Incorporated or Qualified 03/02/1992	
4. FEI Number 65-0342668	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 5500 NW 69 Avenue	2a. Mailing Address 26 5500 NW 69 Avenue
Suite, Apt. #, etc. 22 Apt. #431	Suite, Apt. #, etc. 27 Apt. #431
City & State 23 Lauderhill, FL	City & State 28 Lauderhill, FL
Zip 24 33319	Country 25 USA
Zip 29 33319	Country 30 USA

9. Name and Address of Current Registered Agent

~~CORAN, DIANA B~~
~~5500 NORTHWEST 69TH AVENUE~~
~~APT 505~~
~~LAUDERHILL FL 33319~~

10. Name and Address of New Registered Agent

81 Name ABRAMS, MARY K.	
82 Street Address (P.O. Box Number is Not Acceptable) 5500 NW 69 Avenue, Apt. #431	
83	
84 City Lauderhill	85 Zip Code FL 33319

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Mary K. Abrams* DATE: **2/10/98**

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME CORAN, DIANA B	
STREET ADDRESS 5500 NW 69TH AVE	
CITY-ST-ZIP LAUDERHILL FL 33319	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME ABRAMS, MARY	
STREET ADDRESS 5500 N.W. 69TH AVE	
CITY-ST-ZIP LAUDERHILL FL 33319	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME ALBERT, BEATRICE	
STREET ADDRESS 5500 NW 69 AVE	
CITY-ST-ZIP LAUDERHILL FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME LISS, SALLY	
STREET ADDRESS 5500 NW 69 AVE	
CITY-ST-ZIP LAUDERHILL FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CHEIFETZ, ANNETTE	
STREET ADDRESS 5500 NW 69 AVE	
CITY-ST-ZIP LANDERHILL FL 33319	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GOLDMAN, SARA	
STREET ADDRESS 5500 N.W. 69TH AVE.	
CITY-ST-ZIP LAUDERHILL FL 33319	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ABRAMS, MARY K.	
1.3 STREET ADDRESS 5500 NW 69 Avenue, Apt. #431	
1.4 CITY-ST-ZIP Lauderhill, FL 33319	
2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME CHEIFETZ, ANNETTE	
2.3 STREET ADDRESS 5500 NW 69 Avenue, Apt. #503	
2.4 CITY-ST-ZIP Lauderhill, FL 33319	
3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME CHERKIS, ROSE	
3.3 STREET ADDRESS 5500 NW 69 Avenue, Apt. #251	
3.4 CITY-ST-ZIP Lauderhill, FL 33319	
4.1 TITLE Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME GOODSTEIN, FLORENCE	
4.3 STREET ADDRESS 5500 NW 69 Avenue, Apt. #151	
4.4 CITY-ST-ZIP Lauderhill, FL 33319	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME LISS, SALLY	
5.3 STREET ADDRESS 5500 NW 69 Avenue, Apt. #453	
5.4 CITY-ST-ZIP Lauderhill, FL 33319	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME SHAPIRO, ROSE	
6.3 STREET ADDRESS 5500 NW 69 Avenue, Apt. #204	
6.4 CITY-ST-ZIP Lauderhill, FL 33319	
7.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
7.2 NAME HOLTZ, ZARA	
7.3 STREET ADDRESS 5500 NW 69 Ave. #261, Lauderhill, FL 33319	
7.4 CITY-ST-ZIP Lauderhill, FL 33319	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary K. Abrams* MARY K. ABRAMS, Pres. 2/10/98 (954) 746-0797

CR2E037 (10/97)