


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90004 008 \*\*\*\*61.25

<b>DOCUMENT # N47645</b>	
1. Entity Name FOREST TRACE RESIDENTS ASSOCIATION, INC.	

Principal Place of Business 5500 N.W. 69TH AVE APT 431 LAUDERHILL, FL 33319 US	Mailing Address 5500 N.W. 69TH AVE APT 431 LAUDERHILL, FL 33319 US
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**54066441**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07282004 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0342668

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent	
KAZER, ESTHER R 5500 N.W. 69TH AVE APT. 351 LAUDERHILL, FL 33319	

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 \_\_\_\_\_

<b>Filing Fee Is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COP DIKMAN, BEVERLY 5500 NW 69TH AVE FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5500 NW 69 AVE #211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALPERT, HELEN 5500 N.W. 69TH AVE #201 LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Recording Secretary 5500 NW 69 AVE #323-L
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKELSTEIN, IRVING 5500 N.W. 69TH AVE #509 LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COP KAZER, ESTHER 5500 NW 69 AVE #351 LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTZ, ZORA 5500 NW 69TH AVE, #351 LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, GLORIA 5500 NW 69TH AVE, #479 LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5500 NW 69 AVE #506

12. 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 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:** *Beverly Dikman* **BEVERLY DIKMAN** co-President **7/29/04** **954-742-3963**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**\*\*SEE ATTACHED SHEET FOR ADDITIONAL OFFICERS AND DIRECTORS\*\***

Attachment  
Doc. # N47645  
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**ATTACHMENT TO 2004 NOT-FOR-PROFIT  
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FOREST TRACE RESIDENTS ASSOCIATION, INC.  
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10. OFFICERS AND DIRECTORS (Continued)

Title	Co-president	<input checked="" type="checkbox"/> Addition
Name	SOBEL, FRANCES	
Street Address	5500 NW 69 AVE #201	
City-ST-ZIP	LAUDERHILL, FL 33319	

Title	Recording Secretary	<input checked="" type="checkbox"/> Change
Name	SILVERSTEIN, PEPPY	
Street Address	5500 NW 69 AVE #509	
City-ST-ZIP	LAUDERHILL, FL 33319	

Title	Director	<input checked="" type="checkbox"/> Addition
Name	ABRAMS, MARY	
Street Address	5500 NW 69 AVE #431	
City-ST-ZIP	LAUDERHILL, FL 33319	

Title	Director	<input checked="" type="checkbox"/> Addition
Name	CELT, SYBIL	
Street Address	5500 NW 69 AVE #421-L	
City-ST-ZIP	LAUDERHILL, FL 33319	

Title	Director	<input checked="" type="checkbox"/> Addition
Name	EISEN, BETTY	
Street Address	5500 NW 69 AVE #153	
City-ST-ZIP	LAUDERHILL, FL 33319	

Title	Director	<input checked="" type="checkbox"/> Addition
Name	GOLDMAN, SARAH	
Street Address	5500 NW 69 AVE #224	
City-ST-ZIP	LAUDERHILL, FL 33319	

Title	Director	<input checked="" type="checkbox"/> Addition
Name	LEVINE, SALLY	
Street Address	5500 NW 69 AVE #276	
City-ST-ZIP	LAUDERHILL, FL 33319	

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Title	Director	<input checked="" type="checkbox"/> Addition
Name	RUDOLPH, JOSEPH	
Street Address	5500 NW 69 AVE #530-R	
City-ST-ZIP	LAUDERHILL, FL 33319	

Title	Director	<input checked="" type="checkbox"/> Addition
Name	SONKIN, GRACE	
Street Address	5500 NW 69 AVE #363	
City-ST-ZIP	LAUDERHILL, FL 33319	

Title	Director	<input checked="" type="checkbox"/> Addition
Name	WEINSTEIN, OLA	
Street Address	5500 NW 69 AVE #430	
City-ST-ZIP	LAUDERHILL, FL 33319	

Title	Director	<input checked="" type="checkbox"/> Addition
Name	ZWERLING, RAY	
Street Address	5500 NW 69 AVE #433	
City-ST-ZIP	LAUDERHILL, FL 33319	