


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90203 042 \*\*\*\*61.25

<b>DOCUMENT # N96000006447</b> 1. Entity Name <b>ADDISON TRACE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CMC MANAGEMENT 2994 JOG ROAD STE. B GREENACRES, FL 33467</b>			Mailing Address <b>C/O CMC MANAGEMENT 2994 JOG ROAD STE. B GREENACRES, FL 33467</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip      Country		Zip      Country		4. FEI Number <b>65-0704746</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LIPPMAN, KAREN C/O FIRST CHOICE MANAGEMENT 6401 CONGRESS AVE #140 BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE:</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YECKERING, GLENN 5533 VIA DE LA PLATA CIR DELRAY BEACH, FL 33484 <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	VD MUNIZ, MICHAEL 5540 VIA DE LA PLATA CIR DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Muniz, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHERMAN, SID 16204 MERIDA LANE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pasco, Stephen 5641 Via de La Plata Cir Delray Beach FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHLEIDER, MARSHA 5636 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gibson, Shelly 5594 Via De La Plata Cir Delray Beach FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONER, ROGER 5671 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Toner, Roger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: _____ Daytime Phone: _____					

BY: 208  
40086283



04192007 Chg-NP CR2E037 (12/06)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 re-registering) DATE:

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
 Trust Fund Contribution.    ☐    **\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD YECKERING, GLENN 5533 VIA DE LA PLATA CIR DELRAY BEACH, FL 33484 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD MUNIZ, MICHAEL 5540 VIA DE LA PLATA CIR DELRAY BEACH, FL 33484 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD SHERMAN, SID 16204 MERIDA LANE DELRAY BEACH, FL 33484 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD SCHLEIDER, MARSHA 5636 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D TONER, ROGER 5671 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

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: \_\_\_\_\_