

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90041 029 ****61.25

DOCUMENT # N96000006447 1. Entity Name ADDISON TRACE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O CMC MANAGEMENT 2994 JOG ROAD STE. B GREENACRES, FL 33467			Mailing Address C/O CMC MANAGEMENT 2994 JOG ROAD STE. B GREENACRES, FL 33467		
2. Principal Place of Business - No P.O. Box # 1200 S. Rogers Circle Suite, Apt. #, etc. Ste 3		3. Mailing Address 1200 S. Rogers Circle Suite, Apt. #, etc. Ste 3			
City & State Boca Raton FL		City & State Boca Raton FL			
Zip 33487		Country 		Zip 33487	
Country 		4. FEI Number 65-0704746			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LIPPMAN, KAREN C/O FIRST CHOICE MANAGEMENT 6401 CONGRESS AVE #140 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Karen Lippman Street Address (P.O. Box Number is Not Acceptable) 1200 S Rogers Circle Ste 3 City Boca Raton FL Zip Code 33487		
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: <u><i>Karen Lippman</i></u> 4/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MUNIZ, MICHAEL 5540 VIA DE LA PLATA CIR DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fennimore, Vincent 5729 VIA DE LA PLATA Cir. DELRAY BEACH FL 33484
		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHERMAN, SID 16204 MERIDA LANE DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Green, Kerry 5851 VIA DE LA PLATA Circle DELRAY BEACH FL 33484
		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASCO, STEPHEN 5641 VIA DE LA PLATA CIR DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Schleider, Marsha 5736 VIA DE LA PLATA Circle DELRAY BEACH FL 33484
		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TONER, ROGER 5671 VIA DE LA PLATA CIRCLE 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	D GIBSON, SHELLEY 5594 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		<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.					
SIGNATURE: <u><i>Marsha Schleider</i></u> MARSHA SCHLEIDER 4/16/08 561-999-4349 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #</small>					