# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# N96000006447

**Entity Name:** ADDISON TRACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1200 S ROGERS CIRCLE
STE. 3
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

1200 S ROGERS CIRCLE
STE. 3
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number: 65-0704746** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPPMAN, KAREN
1200 S ROGERS CIRCLE STE. 3
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MUNIZ, MICHAEL
Address: 5540 VIA DE LA PLATA CIR
City-St-Zip: DELRAY BEACH, FL 33484

Title: T ( ) Delete
Name: GREEN, KERRY
Address: 5851 VIA DR LA PIATA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: S ( ) Delete
Name: SCHLEDER, MARSH
Address: 5636 VIN DE LA PLATA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: GREEN, KERRY
Address: 5851 VIA DE LA PLATA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: S (X) Change ( ) Addition
Name: SCHLEIDER, MARSHA
Address: 5636 VIA DE LA PLATA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP ( ) Change (X) Addition
Name: FENNIMORE, VINNIE
Address: 5692 VIA DE LA PLATA
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Change (X) Addition
Name: FEINBERG, SHAYNA
Address: 5792 VIA DE LA PLATA
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MUNIZ P 04/14/2009

Electronic Signature of Signing Officer or Director — Date