

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90399 008 ****61.25

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1. Entity Name

ADDISON TRACE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O CMC MANAGEMENT
2994 JOG ROAD ST B
GREENACRES FL 33467

C/O CMC MANAGEMENT
2994 JOG ROAD ST B
GREENACRES FL 33467



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0704746

Applied For

Not Applicable

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

GERRISH, SCOT A
C/O CMC MANAGEMENT, INC.
2994 JOG ROAD, SUITE B
GREENACRES FL 33467

Name: **KAREN LIPPMAN**

Street Address (P.O. Box Number is Not Acceptable)

C/O FIRST CHOICE MANAGEMENT GROUP

6401 CONGRESS AVE # 140

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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: ☐ Delete
NAME: **YECKERING, GLEN**
STREET ADDRESS: **5533 VIA DE KA PLATA CIRCLE**
CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: **MUNIZ, MICHAEL**
STREET ADDRESS: **5540 VIA DE KA PLATA CIRCLE**
CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☒ Delete
NAME: **ARGENTO, VICKIE**
STREET ADDRESS: **16055 SIMS ROAD, APT 102**
CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: **SCHLEIDER, MARSHA**
STREET ADDRESS: **5636 VIA DE LA PLATA CIRCLE**
CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: **REGAN, JANE**
STREET ADDRESS: **16015 SIMS ROAD, APT 204**
CITY-ST-ZIP: **DELRAY BEACH FL 33484**

TITLE: ☒ Change ☐ Addition
NAME: **TD**
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☒ Addition
NAME: **D Green, Kerry**
STREET ADDRESS: **5851 Via de la Plata Circle**
CITY-ST-ZIP: **Delray Beach, FL 33484**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

MARSHA SCHLEIDER
SECRETARY

3/22/06 **561-865-2323**