

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2007 90202 034 \*\*\*\*61.25

<b>DOCUMENT # N96000006449</b> 1. Entity Name <b>ADDISON TRACE COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CMC MANAGEMENT 2994 JOG ROAD ST B GREENACRES, FL 33467</b>			Mailing Address <b>C/O CMC MANAGEMENT 2994 JOG ROAD ST B GREENACRES, FL 33467</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04192007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>65-0704746</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LIPPMAN, KAREN C/O 1ST CHOICE MGMT GROUP 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 <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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	<b>P</b> <b>YECKERING, GLEN</b> <b>5533 VIA DE KA PLATA CIRCLE</b> <b>DELRAY BEACH, FL 33484</b>	<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	<b>VD</b> <b>MUNIZ, MICHAEL</b> <b>5540 VIA DE KA PLATA CIRCLE</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete	<b>P</b> <b>moniz, Michael</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SCHLEIDER, MARSHA</b> <b>5636 VIA DE LA PLATA CIRCLE</b> <b>DELRAY BEACH, FL 33484</b>	<input checked="" type="checkbox"/> Delete	<b>VP</b> <b>Toner, Rodger</b> <b>5671 Via De La Plata Circle</b> <b>Delray Beach FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>REGAN, JANE</b> <b>16015 SIMS ROAD, APT 204</b> <b>DELRAY BEACH, FL 33484</b>	<input checked="" type="checkbox"/> Delete	<b>T</b> <b>Sherman, Sid</b> <b>16304 Meridale Lane</b> <b>Delray Beach FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREEN, KERRY</b> <b>5851 VIA DE LA PLATA CIRCLE</b> <b>DELRAY BEACH, FL 33484</b>	<input checked="" type="checkbox"/> Delete	<b>S</b> <b>Asco, Stephen</b> <b>5641 Via De La Plata Cir.</b> <b>Delray Beach FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>D</b> <b>Gibson, Shelly</b> <b>5594 Via De La Plata Cir</b> <b>Delray Beach FL 33484</b>	<input type="checkbox"/> Change <input checked="" 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> <i>Sid Sherman</i> <span style="float: right;">1-561 638 6932</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date: Daytime Phone #</span>					

*Sid Sherman*