

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90095 008 ****61.25

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DOCUMENT # N96000006449					
1. Entity Name ADDISON TRACE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business C/O CMC MANAGEMENT 2994 JOG ROAD ST B GREENACRES, FL 33467			Mailing Address C/O CMC MANAGEMENT 2994 JOG ROAD ST B GREENACRES, FL 33467		
2. Principal Place of Business - No P.O. Box # 1200 S. Roberts Circle		3. Mailing Address 1200 S. Roberts Circle			
Suite, Apt. #, etc. <u>Ste 3</u>		Suite, Apt. #, etc. <u>Ste 3</u>			
City & State <u>Boca Raton FL</u>		City & State <u>Boca Raton FL</u>			
Zip <u>33487</u> Country		Zip <u>33487</u> Country			
4. FEI Number 65-0704746				Applied For <input type="checkbox"/> Not Applicable	
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 1ST CHOICE MGMT GROUP 6401 CONGRESS AVE., #140 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name <u>Karen Lippman</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 S. Roberts Circle #3</u> City <u>Boca Raton</u> <u>FL</u> Zip Code <u>33487</u>		
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>Karen Lippman</u> DATE <u>4/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 MONIZ, MICHAEL 5540 VIA DE LA PLATA CIRCLE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fennimore, Vincent 5629 Via De La Plata Circle Delray Beach FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete TONER, RODGER 5671 VIA DELA PLATA CIR DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Schleider, Marsha 5636 Via De La Plata Circle Delray Beach FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete SHERMAN, SID 16204 MERIDA LN DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition Regan, Jane 16075 Sims Road #B204 Delray Beach FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete PASEO, STEPHEN 5641 VIA DE LA PLATA CIR DELRAY, FL 33454		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Green, Kerry 5851 Via De La Plata Circle Delray Beach FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GIBSON, SHELLY 5594 VIA DE LA PLATA CIR DELRAY BEACH, FL 33484		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.					
TREASURER SIGNATURE: <u>Jane A. Regan</u> <u>Jane A. Regan</u> DATE <u>4/16/08</u> <u>561-716-9911</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					