


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-21-2008 90070 048 \*\*\*\*61.25

**DOCUMENT # N96000006450**  
 1. Entity Name  
**ADDISON TRACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O CMC MANAGEMENT  
 2994 JOG ROAD  
 GREENACRES, FL 33467**

Mailing Address  
**C/O CMC MANAGEMENT  
 2994 JOG ROAD  
 GREENACRES, FL 33467**

**40074427**



2. Principal Place of Business - No P.O. Box #  
**1200 S Rogers Circle**

3. Mailing Address  
**1200 S Rogers Circle**

Suite, Apt. #, etc.  
**Ste 3**

04112008 Chg-NP CR2E037 (12/06)

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

Zip  
**33487**

Country

4. FEI Number  
**65-0863551**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LIPPMAN, KAREN  
 C/O FIRST CHOICE MANAGEMENT GROUP  
 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** State **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 **Karen Lippman** DATE **4/14/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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**

TITLE	STD	<input type="checkbox"/> Delete
NAME	REGAN, JANE	
STREET ADDRESS	16075 SIMS RD APT 204	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ, ANTHONY	
STREET ADDRESS	16055 SIMS RD APT 207	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REGAN, EDWARD	
STREET ADDRESS	16075 SIMS RD APT 204	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Jane A Regan** **JANE A REGAN** DATE **4/18/07** 561-716-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #