


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90021 023 \*\*\*\*61.25

<b>DOCUMENT # N97000001698</b>					
<b>1. Entity Name</b> ADDISON COURT PROPERTY OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1601 FORUM PLACE SUITE 603 WEST PALM BEACH, FL 33401 US			<b>Mailing Address</b> 1601 FORUM PLACE SUITE 603 WEST PALM BEACH, FL 33401 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0852896	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GELLER, HARVEYM 1601 FORUM PLACE, SUITE 603 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b>  Name: <u>GELLER, HARVEY</u> Street Address (P.O. Box Number is Not Acceptable):  City: <u>FL</u> Zip Code:		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <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	PD LEVY, ROBERT A 1601 FORUM PLACE SUITE 603 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GELLER, HARVEY 1601 FORUM PLACE SUITE 603 BOCA RATON, FL 33431	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENBURG, MOSHE 5030 CHAMPION BLVD STE D6 BOCA RATON, FL 33496	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUKIET, ZALMAN 5030 CHAMPION BLVD STE D6 BOCA RATON, FL 33426	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u>HARVEY GELLER, VP</u> <u>2/5/07</u> <u>561-616-3330</u>					