2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90107 043 ****61.25

DOCUMENT # N03000002598

1. Entity Name
OZONA TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
31622 US 19 NORTH PALM HARBOR, FL 34684	31622 U.S. HWY 19 NORTH PALM HARBOR, FL 34684

01232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1410 SANTA ANNA DRIVE	Suite, Apt. #, etc. 1410 SANTA ANNA DR.
City & State DUNEDIN, FL	City & State DUNEDIN, FL
Zip 33528 Country U.S.	Zip 33528 Country U.S.

4. FEI Number 56-2354223 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEAHON, LAWRENCE P
31622 US 19 NORTH
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name LARRY NORMAN
Street Address (P.O. Box Number is Not Acceptable) 1410 SANTA ANNA DRIVE
City DUNEDIN FL Zip Code 34698

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 X _____
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, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~LANDON, JOHN~~ ~~31622 U.S. HWY. 19~~ ~~PALM HARBOR, FL 34683~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR LARRY NORMAN 1410 SANTA ANNA DRIVE DUNEDIN, FL. 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D CHARLES T. HODGE 1410 SANTA ANNA DR. DUNEDIN, FL. 34698	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL ESPOSITO 3640 6 US HWY 19 N. PALM HARBOR, FL. 34684	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _____ LAWRENCE L. NORMAN 4/5/04 727-786-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #