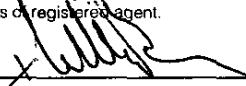
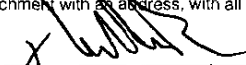


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 31622 US 19 NORTH PALM HARBOR, FL 34684		Mailing Address 31622 U.S. HWY 19 NORTH PALM HARBOR, FL 34684	
2. Principal Place of Business Suite, Apt. #, etc. 1410 SANTA ANNA DRIVE City & State DUNEDIN, FL Zip 33528		3. Mailing Address Suite, Apt. #, etc. 1410 SANTA ANNA DR. City & State DUNEDIN, FL Zip 33528	
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 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 			
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 LONDON 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 36406 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:  LAWRENCE L. NORMAN 4/5/04 727-786-2256			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			