2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002598

FILED Apr 30, 2008 Secretary of State

Entity Name: OZONA TRACE HOMEOWNERS ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | |
|---|--|--------------------------------|--|--|--|
| 593 BAY S' PALM HAR | TREET BOR, FL 346 | 583 | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | |
| P.O. BOX 2 OZONA, FI | | | | | |
| FEI Number: | 56-2354223 | FEI Number Applied For () | FEI Number Not App | icable () Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and | Address of New Registered Agent: | |
| 593 BAY S' PALM HAR | BOR, FL 346 | | | | |
| The above in the State | | submits this statement for the | purpose of changing i | ts registered office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered A | gent | Date | |
| OFFICERS AND DIRECTORS: | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PD (GREEN, MADE 593 BAY STRE PALM HARBOI | EET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD (NORMAN, LAR 580 BAY STRE PALM HARBOI | ET | Title: Name: Address: City-St-Zip: | VD (X) Change () Addition SMITH, JEFF 580 BAY STREET PALM HARBOR, FL 34683 | |
| Title: Name: Address: City-St-Zip: | SD (BIRNBAUM, M. 588 BAY STRE PALM HARBOI | EET | Title: Name: Address: City-St-Zip: | SD (X) Change () Addition BUNICONTO, FRANK 2700 BAYSHORE BLVD., BLDG 9, #309 DUNEDIN, FL 34698 | |
| Title: Name: Address: City-St-Zip: | TD (MORAITIS, NIC 517 BAY STRE PALM HARBOI | EET | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | D (BRADHAM, TE 572 BAY STRE PALM HARBOI | EET | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELINE GREEN PRES 04/30/2008