

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 22 PM 3:41

DOCUMENT # N10654 (4)

1. Corporation Name

GATOR TRACE MASTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5600 W MIDWAY RD
FT. PIERCE FL 34902
US

5600 W MIDWAY RD
FT. PIERCE FL 34902
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/13/1985** 3a. Date of Last Report **03/29/1994**
4. FEI Number **59-2648475** Applied For Not Applicable

2. Principal Place of Business
21 **4362 Gator Trace Lane** 2a. Mailing Address **4362 Gator Trace Lane**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **H. Pierce, FL** 27 **H. Pierce, FL**
City & State City & State
24 **34982** 25 **US** 28 **34982** 29 **US**
Zip Country Zip Country

5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERSKINE, R. JAMES
5600 W MIDWAY RD
FT. PIERCE FL 34981**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATSKO, AMY	1.2 NAME	
STREET ADDRESS	4332 GATOR TRACE CR. 4362 Gator Trace Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, BEN ATTY	2.2 NAME	
STREET ADDRESS	401-A INDIAN RIVER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROSS, CRAIG	3.2 NAME	
STREET ADDRESS	4163 GATOR TRACE VILLA	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	P D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. James Erskine	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Amy Patsko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amy Patsko

13/16/95 407-461-1185

DATE DAYTIME PHONE #