

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10654 (4)

1. Corporation Name

GATOR TRACE MASTER PROPERTY OWNERS ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

4362 GATOR TRACE LANE
FT. PIERCE FL 34982
US

4362 GATOR TRACE LANE
FT. PIERCE FL 34982
US

3. Date Incorporated or Qualified
08/13/1985

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2648475

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

AMY PATSKO

82

Street Address (P.O. Box Number Not Acceptable)

4362 Gator Trace Ln.

83

84

City

Ft. Pierce

FL

85

34982

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE

Amy Patsko

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

TD

NAME

PATSKO, AMY

STREET ADDRESS

4362 GATOR TRACE LANE

CITY-ST-ZIP

FT. PIERCE FL

TITLE

D

NAME

BRYAN, BEN ATTY

STREET ADDRESS

401-A INDIAN RIVER DR.

CITY-ST-ZIP

FT. PIERCE FL

TITLE

SD

NAME

FROSS, CRAIG

STREET ADDRESS

4163 GATOR TRACE VILLA

CITY-ST-ZIP

FT. PIERCE FL

TITLE

PD

NAME

ERSKINE, R. JAMES

STREET ADDRESS

5600 W MIDWAY RD

CITY-ST-ZIP

FT PIERCE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

President ☒ Change ☐ Addition

AMY PATSKO

4362 Gator Trace Ln

Ft. Pierce FL 34982

Secretary ☒ Change ☐ Addition

Lantie Hughes

4163 Gator Trace Ave

Ft. Pierce FL 34982

V. President ☒ Change ☐ Addition

Robert Gunthner

4163 Gator Trace Ln.

Ft. Pierce FL 34982

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☐ Change

☐ Addition

32
5.15

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 119.07(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 on an attachment with an address.

SIGNATURE:

Amy Patsko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

4/16/96

407-468-

CR2E037 (12/95)