

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90251 039 ****61.25

DOCUMENT # N10654

1. Entity Name

GATOR TRACE MASTER PROPERTY OWNERS ASSOCIATION,

110400



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4362 GATOR TRACE LANE FT. PIERCE FL 34982 US	Mailing Address 4362 GATOR TRACE LANE FT. PIERCE FL 34982 US
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2. Principal Place of Business 4062 GARDEN VILLAS CT Suite, Apt. #, etc.	3. Mailing Address 4062 GARDEN VILLAS CT Suite, Apt. #, etc.
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City & State FT PIERCE, FL	City & State FT PIERCE, FL 34982	4. FEI Number 59-2648475	Applied For Not Applicable
Zip 34982	Country US	Zip 34982	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PATSKO, AMY
4362 GATOR TRACE LANE
FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

Name **JAMES LENNON**
 Street Address (P.O. Box Number is Not Acceptable)
4062 GARDEN VILLAS CT
 City **FT PIERCE** **FL** Zip Code **34982**

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.

SIGNATURE **JAMES LENNON, TREASURER** *James Lennon* **2/6/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PATSKO, AMY 4362 GATOR TRACE LANE FT. PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HUGHES, LANTIE 4215 GATOR TRACE LANE FT. PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GUNTHER, ROBERT 4405 GATOR TRACE LANE FT. PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/D JOE DUCHAUME 4168 B GATOR TRACE VILLAS CIRCLE FT PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D PHIL BLANCHARD 4340 GATOR TRACE CIRCLE FT PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/D JAMES LENNON 4062 GARDEN VILLAS CT FT PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ELEANOR KAY 4215 GATOR TRACE AVE - F FT PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Lennon* **Treasurer, James Lennon** **2/6/01** **461-7240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)