DOCUMENT # N10654

1. Entity Name

GATOR TRACE MASTER PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

4062 GARDEN VILLAGE CT. FT. PIERCE FL 34982

4062 GARDEN VILLAGE CT. FT. PIERCE FL 34982

FILED Feb 05, 2002 8:00 am Secretary of State
02-05-2002 90034 016 ****61.25

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|---|--------------------------|---|--------------|---|---------------|--|-----------------------------|----------------------------|---------------------|--|-----------|--|
| 2. Principal Place of Business 3. | | | 3. Ma | iling Address | | | | | | | | |
| Suite, Apt. #, etc. | | | St | uite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | | C | City & State | | | 4. FEI Number | 4. FEI Number 59-2648475 | | | e | |
| Zip | Country | | | Zip Cou | | | | _ \$9.75 | | Not Applicable Additional uired | | |
| 6. Name and Address of Current Register | | | | red Agent | | | 7. Name and Add | ress of New Regis | | | ┥ | |
| 5.0. Italio ula Addicco di Gallenti logisterea Agent | | | | | | Name | 71,1121112 11112 1111 | | | · · · · · · · · · · · · · · · · · · · | 7 | |
| | | | | | | St. AAAd and CO O Day North and All Ann. (1994) | | | | | | |
| LENNON, JAMES | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| , 4062 GAR | GE CT. | Ī | | | | | | | 1 | | | |
| FT. PIERC | E FL 34982 | 2 | | | | | | | ··· | | 4 | |
| ` | | | | | | City | | | FL Zip C | ode | | |
| The above named entity submits this statement for the purpose of changing its registers. | | | | | | L | stered agent, or both, in | the state of Florida. | | | 7 | |
| 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 | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| | | 111111111111111111111111111111111111111 | | | • | | | | | | _ | |
| FU E NOW, FEE IS 664 OF | | | | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be | Make (| Check Payab | le to | | |
| FILE NOW: FEE IS \$61.25 | | | | | | | Added to Fees Department of | | | State | | |
| | | | | | | | | | <u> </u> | | _ | |
| 10. | | OFFICERS AND DIF | RECTORS | 3 | 11. | | ADDITIONS/CHANG | ES TO OFFICERS A | ND DIRECTORS | | 4_ | |
| TITLE | P/D | | | ☐ Delete | TITL | E | | | Chang | ge 🔲 Additio | n 6 | |
| NAME | DUCHARN | | | | NAM | l l | | | | | | |
| STREET ADDRESS | THOSE WITCH HEIGE CHICKE | | | | | ET ADDRESS | | | | | 2E037 | |
| CITY-ST-ZIP | I . | RCE FL 34982 | | | CITY | -ST-ZIP | | | | | _ 0 | |
| TITLE | S/D | | | ☐ Delete | TITL | ı | | | ☐ Chang | ge 🔲 Additio | n C | |
| NAME | BLANCHA | | | | NAM | | | | | | | |
| STREET ADDRESS | 1 | OR TRACE CIRCLE | | | | ET ADDRESS | | | | | - | |
| CITY-ST-ZIP | | E FL 34982 | | | CHY | -ST-ZIP | | | | | 4 | |
| TITLE | TD | | | ☐ Delete | TITL | | | | ☐ Chang | ge | n | |
| NAME | LENNON, | | | | NAM | | | | | | | |
| STREET ADDRESS | 1 | DEN VILLAGE CT. | | | | ET ADDRESS -ST-ZIP | | | | | | |
| CITY-ST-ZIP | | E FL 34982 | | | - | | | **** | C) Chan | na 🗆 Additio | \exists | |
| TITLE | TD | MOD | | ☐ Delete | TITL | | | | Chang | ge | " | |
| name Street address | KAY, ELE | | | | MAM | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | OR TRACE AVENUE-F | | | | -ST-ZIP | | | | | | |
| - | TUR! PE | RCE FL 34982 | | Пви | | | | | ☐ Chang | ge 🗌 Additio | _ | |
| TITLE NAME | | | | ☐ Delete | TITL • NAM | | | | C Cusui | ge | " | |
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| CITY-ST-ZIP | 1 | | | | | -ST-ZIP | | | | | | |
| 12. I hereby | certify that the | e information supplied with | this filing | does not qualify for | the exe | mption stated in | Section 119,07(3)(i). FI | orida Statutes. I furti | ner certify that th | e information | \exists | |

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 of sustee 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 a baddress, with all other like empowered. changed, or on an attachment address, with all other like empowered.

SIGNATURE:

SIXKATURE HEQUINED. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561)461-7240