

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90074 033 \*\*\*\*61.25

**DOCUMENT # N10654**

1. Entity Name

**GATOR TRACE MASTER PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**4062 GARDEN VILLAGE CT.  
FT. PIERCE FL 34982  
US**

Mailing Address

**4062 GARDEN VILLAGE CT.  
FT. PIERCE FL 34982  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2648475**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LENNON, JAMES  
4062 GARDEN VILLAGE CT.  
FT. PIERCE FL 34982**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	LENNON, JAMES	
STREET ADDRESS	4062 GARDEN VILLAGE CT.	
CITY-STATE-ZIP	FT. PIERCE FL 34982	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAY, ELEANOR	
STREET ADDRESS	4215 GATOR TRACE AVENUE-F	
CITY-STATE-ZIP	FORT PIERCE FL 34982	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRESSLER, KATHLEEN	
STREET ADDRESS	4307 GATOR TRACE DRIVE	
CITY-STATE-ZIP	FORT PIERCE FL 34982	
TITLE	AT	<input type="checkbox"/> Delete
NAME	OLEN, KEN	
STREET ADDRESS	4097 GATOR TRACE ROAD	
CITY-STATE-ZIP	FORT PIERCE FL 34982	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HUGHES, LANTIE	
STREET ADDRESS	4215 GATOR TRACE ROAD	
CITY-STATE-ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNIE BERGMAN	
STREET ADDRESS	4632 Gator Trace Circle	
CITY-STATE-ZIP	FT PIERCE, FL 34982	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE CAWTHORPE	
STREET ADDRESS	4176 B Gator Trace Villas Ct	
CITY-STATE-ZIP	FT PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07 (772) 461-7240

Date

Daytime Phone #