2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N10654**

1. Entity Name

SIGNATURE:

GATOR TRACE MASTER PROPERTY OWNERS ASSOCIATION,



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90318 017 ****61.25

Principal Place of Business 1062 GARDEN VILLAGE CT. FT. PIERCE FL 34982 US		Mailing Address 4062 GARDEN VILLAGE CT. FT. PIERCE FL 34982 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-	2648475	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired L. Fee F	5 Additional Required	
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 Addres	Name Street Address (P.O. Box Number is Not Acceptable)			
			City	. ,	FL Z	ip Code	
the obligat	enamed entity submits this statement for tions of registered agent. Janes Level Signature, typed or printed name of registered agent as	James	egistered office or regis	~	e State of Fiorida. I am familia		
FILE NOW: FEE IS \$61.25 9. Election Campor Trust Fund Core			· • • —				
TITLE NAME: STREET ADDRESS CITY-ST-ZIP	P/D DUCHARME, JOE 4168 B GATOR TRACE CIRCLE FORT PIERCE FL 34982	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTO	hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BLANCHARD, PHIL 4340 GATOR TRACE CIRCLE FT. PIERCE FL 34982	Delete	TITLE NAME STREET ADDRESS 4 CITY ST-ZIP To The Company of the Comp	- resistables se de de	ئىسىچەرىسىسىسىچەردە 	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENNON, JAMES ** 4062 GARDEN VILLAGE CT. FT. PIERCE FL 34982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAY, ELEANOR 4215 GATOR TRACE AVENUE-F FORT PIERCE FL 34982	☐ Delete	TITLE NAME -STREET ADDRESS -CITY-ST-ZIP	·	<u> </u>	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* #	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	hange 🔲 Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	hange	
indicated	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empor or on an attachment with an address, w	rue and accurate and that my	a signature shall have th	a sama lonal offact as if n	nada undar nath: that I am an	officer or director	

EIGNATURE RECIOTRED AMES CELLON

10/03

772-461-7240