SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Aug 26 1998 8:00am
Secretary of State

0011105

DOCUMENT # N94000000269 (0)

1. Corporation Name

SPANISH TRACE ESTATES HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
14180 CENTRALIA ROAD SUITE 103 BROOKSVILLE FL 34614 US	14180 CENTRALIA ROAD BROOKSVILLE FL 34614 US

3. Date Incorporated or Qualified: 01/18/1994

4. FEI Number: 59-3259980 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 PO Box 5586	26 PO Box 5586
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Navarre FL	28 City & State: Navarre FL
24 Zip: 32566 25 Country: USA	29 Zip: 32566 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOUNDS, TERRELL B JR. 14180 CENTRALIA ROAD SUITE 103 BROOKSVILLE FL 34614	81 Name: JILL A. GOULD, TREASURER 82 Street Address (P.O. Box Number Is Not Acceptable) 83: 7093 CALLE DE NARVAEZ 84 City: NAVARRE FL 85 Zip Code: 32566

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 617.0503, Florida Statutes.

SIGNATURE: Jill A. Gould — 8/1/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOUNDS, TERRELL B JR. 14180 CENTRALIA ROAD BROOKSVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	(P) Melody Santos 7090 Calle Hernando de Soto Navarre, FL 32566	☒ Change ☐ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FORMAN, M. AUSTIN P.O. BOX 640 N/A FT. LAUDERDALE FL 33302	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	(S) Robbie Neely 7020 Calle Cabeza de Vaca Navarre, FL 32566	☒ Change ☐ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORMAN, H. COLLINS JR. 850 S.E. 2ND ST., SUITE 200 FT. LAUDERDALE FL 33301	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	(S) Brenda Hamamura 7029 Calle Cabeza de Vaca Navarre, FL 32566	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	(P) JILL A. GOULD 7093 CALLE DE NARVAEZ NAVARRE, FL 32566	☒ Change ☐ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/98)

14. 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 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: Jill A. Gould — 3 AUG 98 — (850)936-8942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #