## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N9400000269 Jun 07, 2000 8:00 am 1. Entity Name Secretary of State SPANISH TRACE ESTATES HOMEOWNERS' ASSOCIATION, I 05-10-2000 90116 044 \*\*\*\*61.25 Principal Place of Business Mailing Address P O BOX 5586 P O BOX 5586 NAVARRE FL 32566-0586 NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3259980 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, REBECCA P 7071-CALLE HERNANDO DESOTO **NAVARRE FL 32566** City avarr 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 (NOTE: Registered Agent signature required when rematating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE PFOST, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 3040 VIA CONQUISTADORES CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 ☐ Addition Delete TITLE James Stephan NAME ROHNE, TERI 3012 Via Conquistadores STREET ADDRESS STREET ADDRESS 7076 CALLE PONCE DE LEON Mavame FL 32566 CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 ☐ Addition TITLE Delete TITLE SHEPPARD, REBECCA P NAME 2003 Calle de Darvaez STREET ADDRESS STREET ADDRESS 7071 CALLE HERNANDO DESOTO CITY: ST: ZIP. -avarre FL 32566 NAVARRE FL 32566 - ----☐ Addition Knisty Crites TITLE TITLE Delete NAME FISHER, WAYNE 3032 Via Conquistadores STREET ADDRESS STREET ADDRESS 7024 CALLE CABEZA DE VACA Movame, Fl 325(16) CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE Addition Change Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 suppliemental 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.

JACK B. LAW

SIGNATURE REQUIRED

SIGNATURE: