2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # N9400000269 1. Entity Name 05-03-2001 90073 031 ****61.25 SPANISH TRACE ESTATES HOMEOWNERS' ASSOCIATION, I Principal Place of Business Mailing Address P O BOX 5586 P O BOX 5586 NAVARRE FL 32566 NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3259980 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAY O. Etherdae Street Address (P.O. Box Number is Not Acceptable) LAW, JACK 7093 CALLE DE NARVAEZ NAVARRE FL 32566 Zip Code YensA colp <u> 32563</u> 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. **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP TITLE **1** Delete TITLE Change Addition NAME PFOST, NANCY NAME Paul Baran 7065 Calle Ponce Deleon STREET ADDRESS STREET ADDRESS 3040 VIA CONQUISTADORES MAUGITE, FL. 32546 CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 Delete TITLE DVP ☐ Change T Addition TITLE n NAME STEPHEN, JAMES NAME Jim Stephan 3012 VIA Conquistactores STREET ADDRESS 3012 VIA CONQUISTADORES STREET ADDRESS moverre, FL 32504 CITY-ST-ZIP -CITY-ST-ZIP. NAVARRE-FL 32566 SD TITLE D Delete TITI F ☐ Change Addition mary ellen Crump LAW, JACK NAME 3049 Via Conquistadors STREET ADDRESS 7093 CALLE DE NAVAEZ STREET ADDRESS MAUGERE, FL. 32846 CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 TD TITLE Delete TITI F ☐ Change Addition NAME CRITES, KRISTY NAME Jeff Emel STREET ADDRESS 7032 Carle Cubeza de Vaca 3032 VIA CONQUISTADORES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 MAUARRE, FL. 32844

Movarre, Fl. 32644 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 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 afformation to the receiver of the corporation or the receiver or trustee empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

WINGUITA DECOMERATE EMEL TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Betty weiss 7028 Calle Cabeza de Vaca

MAURIC, FL. 32866

7094 Calle de Marvaez

michael Paulzak

Change

Addition

Addition