2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90112 040 ****61.25

DOCUMENT # N94000000269

1. Entity Name
SPANISH TRACE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 5586 NAVARRE, FL 32566 US	P O BOX 5586 NAVARRE, FL 32566 US

4UU01134

01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
908 Gardengate Cir	908 Gardengate Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32504 Country: USA	Zip: 32504 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ETHERIDGE, RAY O ~~3298 SUMMITT BLVD~~ SUITE 4 PENSACOLA, FL 32503	Name Street Address (P.O. Box Number is Not Acceptable): 908 Gardengate Circle City: Pensacola FL Zip Code: 32504

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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, RON 7033 CALLE COBEZA DE VACA NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPRES DAVID STONE 7071 CALLE HERNANDO DESOTO NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NEELY, ROBBIE 7020 CALLE CABESA DE VACA NAVARRE, FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS KEVIN GOOLSBY 3036 VIA CONQUISTADORES NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CRUMP, MARY E 1465 TIGER LIKE DR GULF BREEZE, FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUYETTA LEE 7005 CALLE CABEZA DE VACA NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANTOS, MELODY 7090 CALLE HERNANDO DE SOTO NAVARRE, FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JUDITH BEGUE 3028 VIA CONQUISTADORES NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERINOVIC, JOE 7009 CALLE CABEZA DE VACA NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUDATAN, J.D. 7040 CALLE CABEZA DE VACA NAVARRE, FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Ronald Arnold 4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #