

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90012 032 ****61.25

DOCUMENT # N98000003034

1. Entity Name

OCEAN TRACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

5366 5TH STREET
 ST. AUGUSTINE FL 32084

Mailing Address

5366 5TH STREET
 ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532815

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUSH, JOAN M
 5366 5TH STREET
 ST. AUGUSTINE FL 32084

5th Name: **JERRY McCLELLAND**
 Street Address (P.O. Box Number is Not Acceptable): **90 JOAN BRUSH 5366 5th St.**
ST. AUGUSTINE
 City: **FL** Zip Code: **32080**

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: *William G. McClelland* (WILLIAM G. McCLELLAND) DATE: **2/26/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUSH, JOAN M	
STREET ADDRESS	5366 5TH STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLE, SCOTT III	
STREET ADDRESS	5366 5TH STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	McCLELLAND	<input type="checkbox"/> Delete
NAME	MCCSELLAND, WILLIAM	
STREET ADDRESS	406 OCEAN BREEZE LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA ZEBROWSKY	
STREET ADDRESS	403 Ocean Breeze Lane	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Hazard	
STREET ADDRESS	405 Ocean Breeze Lane	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Pamela J. Zebrowsky* DATE: **2/26/01** 904(471-3224)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)