

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0000462

04-07-2002 90048 027 *****70.00

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
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2. Principal Place of Business 110 N. OCEAN TRACE RD	3. Mailing Address PO BOX 840008
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
Zip 32080	Country ST. JOHNS
Zip 32080	Country ST. JOHNS



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**MCCLELLAND, JERRY
 C/O JOAN BRUSH
 5366 5TH ST
 ST AUGUSTINE FL 32080**

4. FEI Number
59-3532815

Applied For
 Not Applicable

7. Name and Address of New Registered Agent
 Name
VALLEM, GARY B.
 Street Address (P.O. Box Number is Not Acceptable)
227 N. OCEAN TRACE RD
 City
ST. AUGUSTINE 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: *Gary B. Vallem* **DIRECTOR** DATE: **3/28/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D <input type="checkbox"/> Delete
NAME	ZEBROWSKY, PAMELA
STREET ADDRESS	403 OCEAN BREEZE LANE
CITY-ST-ZIP	ST AUGUSTINE FL 32080
TITLE	D <input type="checkbox"/> Delete
NAME	HASZARD, ALAN
STREET ADDRESS	405 OCEAN BREEZE LANE
CITY-ST-ZIP	ST AUGUSTINE FL 32080
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MCCSELLANO, 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALLEM, GARY B.
STREET ADDRESS	227 N. OCEAN TRACE RD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENGTSON, MARGARET E.
STREET ADDRESS	221 N. OCEAN TRACE RD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUSSELL, KEVIN N.
STREET ADDRESS	200 N. OCEAN TRACE RD
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	

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: *Gary B. Vallem* **REQUIRED GARY B. VALLEM** DATE: **3/28/02** DAYTIME PHONE #: **(904) 461-7042**
Signature and typed or printed name of signing officer or director

CR2E037 (9/01)