


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90024 001 ****61.25

DOCUMENT # N98000003034

1. Entity Name
OCEAN TRACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
~~110 N. OCEAN TRACE RD~~
ST. AUGUSTINE, FL 32080

Mailing Address
PO BOX 840008
ST. AUGUSTINE, FL 32080



2. Principal Place of Business
312 S. OCEAN TRACE RD.

3. Mailing Address
 Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State
ST. AUGUSTINE, FL

City & State

Zip **32080** Country

4. FEI Number
59-3532815

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HEMLY, NOEL
228 N. OCEAN TRACE RD
ST AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name **NOBLE, JAMES N.**

Street Address (P.O. Box Number is Not Acceptable)
312 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James N. Noble, Treasurer* DATE *Jan 8, 2004*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEMLY, NOEL	
STREET ADDRESS	228 N. OCEAN TRACE RD.	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARE, GARY	
STREET ADDRESS	214 N. OCEAN TRACE RD.	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLGAR, TED	
STREET ADDRESS	219 N. OCEAN TRACE RD.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENGTSON, MARGARET E	
STREET ADDRESS	221 N. OCEAN TRACE RD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIG, WILLIAM	
STREET ADDRESS	303 S. OCEAN TRACE RD.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
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	NOBLE, JAMES N.	
STREET ADDRESS	312 S. 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBLE, JAMES N.	
STREET ADDRESS	312 S. OCEAN TRACE RD.	
CITY-ST-ZIP	ST AUGUSTINE, FL	
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: *James N. Noble* DATE: *Jan 8, 2004* (904) 460-1798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR