


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90037 025 ****61.25

DOCUMENT # N98000003034

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



Principal Place of Business
**312 S OCEAN TRACE RD
 ST. AUGUSTINE, FL 32080**

Mailing Address
**PO BOX 840008
 ST. AUGUSTINE, FL 32080**

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 City & State

Zip Country Zip Country



01162005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

HELMIX, NOEL
312 S OCEANS 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 15, 2005*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP | D DENIS, EDWARD 352 S OCEAN TRACE RD ST AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARE, GARY 214 N. OCEAN TRACE RD. ST AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POLGAR, TED 219 N. OCEAN TRACE RD. ST. AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NOBLE, JAMES N 312 S OCEAN TRACE RD ST. AUGUSTINE, FL 32080 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOENIG, WILLIAM 303 S. OCEAN TRACE RD. ST. AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DENNIS, EDWARD 352 S. OCEAN TRACE RD ST. AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEISSINGER, BOB 362 S. OCEAN TRACE RD. ST. AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SNYDER, DUKE 304 S. OCEAN TRACE RD ST. AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSCIO, PAM 202 N. OCEAN TRACE RD. ST. AUGUSTINE, FL 32080 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, Treasurer* DATE *Jan 15, 2005*
Signature and typed or printed name of signing officer or director

(904) 460-1298

Daytime Phone #