

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**May 20, 2007**  
**Secretary of State**

DOCUMENT# N98000003034

**Entity Name:** OCEAN TRACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

312 S OCEAN TRACE RD  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 840008  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-3532815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOBLE, JAMES N  
312 S OCEAN TRACE RD  
ST AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PREZ ( ) Delete  
Name: DENNIS, EDWARD  
Address: 352 S OCEAN TRACE RD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP ( ) Delete  
Name: MINNICKS, JERRY  
Address: 313 S OCEAN TRACE RD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: BAUERS, THOMAS  
Address: 408 OCEAN BREEZE LANE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TREA ( ) Delete  
Name: NOBLE, JAMES N  
Address: 312 S OCEAN TRACE RD  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SEC ( ) Delete  
Name: LIKE, ARLITA  
Address: 231 N OCEAN TRACE RD  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOORE, TOM  
Address: 308 S. OCEAN TRACE RD  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. NOBLE

TREA

05/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date