

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003034

FILED
Mar 09, 2010
Secretary of State

Entity Name: OCEAN TRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

313 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:

JEROME, MINNICKS J TREAS.
313 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: SEC.
Name: BOWDITCH, JANE SEC.
Address: 300 SOUTH OCEAN TRUCE RD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TREA
Name: MINNICKS, JEROME TREAS.
Address: 313 S. OCEAN TRACE RD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP
Name: CONNOR, JACK V.P.
Address: 412 OCEAN BREEZE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PRES
Name: KLINGE, PETER PRES.
Address: 408 OCEAN BREEZE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: M/L
Name: HELMLY, NOEL M/L
Address: 228 N. OCEAN TRACE RD
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: JEROME MINNICKS

TREA

03/09/2010

Electronic Signature of Signing Officer or Director

Date