

FILE NOW: FILING FEE IS \$61.25

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**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43888 (9)
 1. Corporation Name
NATCHEZ TRACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 4200 NATCHEZ TRACE DR. ST. CLOUD FL 34769	Mailing Address 4200 NATCHEZ TRACE DR. ST. CLOUD FL 34769
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3. Date Incorporated or Qualified 06/13/1991	
4. FEI Number 59-3075671	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>no</i>	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 Country	30 Country

9. Name and Address of Current Registered Agent MAGRUDER, C. MICHAEL 220 E. MONUMENT AVENUE #C KISSIMMEE FL 34741		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>V.P./D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGE, CHRISTY	1.2 NAME	<i>Dorothy-morganti</i>
STREET ADDRESS	4218 NATCHEZ TRACE DRIVE	1.3 STREET ADDRESS	<i>4320-Natchez Trace Dr.</i>
CITY-ST-ZIP	ST. CLOUD FL 34769	1.4 CITY-ST-ZIP	<i>St. Cloud, Fla. 34769</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<i>T/D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREADWAY, WILLIAM	2.2 NAME	<i>LAURA-DIXON</i>
STREET ADDRESS	4020 NATCHEZ TRACE DRIVE	2.3 STREET ADDRESS	<i>4231 NATCHEZ TRACE DR.</i>
CITY-ST-ZIP	ST. CLOUD FL 34769	2.4 CITY-ST-ZIP	<i>St. Cloud Fla. 34769</i>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<i>S/D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGATE, EDNA	3.2 NAME	<i>William Treadway</i>
STREET ADDRESS	4200 NATCHEZ TRACE DRIVE	3.3 STREET ADDRESS	<i>4220 NATCHEZ TRACE DR.</i>
CITY-ST-ZIP	ST. CLOUD FL 34769	3.4 CITY-ST-ZIP	<i>St. Cloud, Fla. 34769</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<i>D/D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<i>Edna Fugate</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>4200 * Natchez Trace Dr.</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>St. Cloud, Fla 34769</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>DAVID HARRISON</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>4205 NATCHEZ TRACE DR.</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>St. Cloud, Fla. 34769</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED *Edna Fugate 1-23-98*

CR2E037 (10/97)