


**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90006 037 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43888**

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/13/1991 4. FEI Number 59-3075671 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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**\$8.75** Additional Fee Required  
**\$5.00** May Be Added to Fees

**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 **Christine Buens**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4005 Natchez Trace Drive**  
83  
84 City **St Cloud** FL 85 Zip Code **34769**

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

*Christine Buens*

8/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MORGANTI, DOROTHY	
STREET ADDRESS	4320 NATCHEZ TRACE DR	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TREADWAY, WILLIAM	
STREET ADDRESS	4020 NATCHEZ TRACE DRIVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FUGATE, EDNA	
STREET ADDRESS	4200 NATCHEZ TRACE DRIVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, LAURA	
STREET ADDRESS	4231 NATCHEZ TRACE DR	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FUGATE, EDNA	
STREET ADDRESS	4200 NATCHEZ TRACE DR	
CITY-ST-ZIP	ST CLOUD FL 34969	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, DAVID	
STREET ADDRESS	4205 NATCHEZ TRACE DR	
CITY-ST-ZIP	ST CLOUD FL 34769	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Dixon	
1.3 STREET ADDRESS	4231 Natchez Trace Dr.	
1.4 CITY-ST-ZIP	St Cloud, FL 34769	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Judith Mitchell	
2.3 STREET ADDRESS	4300 Natchez Trace Dr.	
2.4 CITY-ST-ZIP	St Cloud, FL 34769	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dixon, Laura	
3.3 STREET ADDRESS	4231 Natchez Trace Drive	
3.4 CITY-ST-ZIP	St. Cloud, FL 34769	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Christine Buens	
4.3 STREET ADDRESS	4005 Natchez Trace Dr.	
4.4 CITY-ST-ZIP	St Cloud, FL 34769	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Donna Essing	
6.3 STREET ADDRESS	4313 Natchez Trace Dr.	
6.4 CITY-ST-ZIP	St Cloud, FL 34769	

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, with all other like empowered.

SIGNATURE:

*Christine Buens*

8/15/99

348-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)