

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90032 036 \*\*\*\*61.25

**DOCUMENT # N43888**

1. Entity Name

**NATCHEZ TRACE HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

**4200 NATCHEZ TRACE DR.  
 ST. CLOUD FL 34769**

Mailing Address

**PO BOX 701313  
 SAINT CLOUD FL 34772  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3075671**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, CHRISTINE  
 4005 NATCHEZ TRACE DRIVE  
 SAINT CLOUD FL 34769**

Name **Harrold, Pam**

Street Address (P.O. Box Number is Not Acceptable)

**4213 Natchez Trace Dr.**

City **St. Cloud**

**FL**

Zip Code **34769**

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.

SIGNATURE *Pam Harrold* *Treasurer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/22/01**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, ROBERT 4231 NATCHEZ TRACE DR SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, JUDITH 4300 NATCHEZ TRACE DR SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, LAURA 4231 NATCHEZ TRACE DRIVE SAINT CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURNS, CHRISTINE 4005 NATCHEZ TRACE DR SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESSING, DONNA 4313 NATCHEZ TRACE DR SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> PD Edna Fugate 4200 Natchez Trace Dr. St. Cloud, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Vice P.</del> VD Jeanette Richardson 4012 Natchez Trace Dr. St. Cloud, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dixon, Laura 4231 Natchez Trace Dr. St. Cloud, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pam Harrold 4213 Natchez Trace Dr. St. Cloud, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Cerguira 4230 Natchez Trace Dr. St. Cloud, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doug Marsdale 3917 Natchez Trace Dr. St. Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" 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:

*Pam Harrold* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/01**

Date

**81891-1065**

Daytime Phone #

CR2E037 (10/00)