

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000354

**Entity Name:** LAKE LETA TRACE ASSOCIATION, INC.

**Current Principal Place of Business:**

2870 SCHERER DR N STE 100  
SAINT PETERSBURG, FL 33716

**Current Mailing Address:**

2870 SCHERER DR N STE 100  
SAINT PETERSBURG, FL 33716

**FEI Number:** 59-3719332

**Certificate of Status Desired:** No

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

WETHERINGTON, HAMILTON & HARRISON,P.A.  
1010 N FLORIDA AVE  
TAMPA, FL 33602 US

*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

**Officer/Director Detail :**

Title P  
Name EDWARDS, JAMES S  
Address 2870 SCHERER DR N STE 100  
City-State-Zip: SAINT PETERSBURG FL 33716

Title T  
Name TROMP, JOHANNA  
Address 2870 SCHERER DR N STE 100  
City-State-Zip: SAINT PETERSBURG FL 33716

Title VP  
Name HARRISON, SILVIA  
Address 2870 SCHERER DR N STE 100  
City-State-Zip: SAINT PETERSBURG FL 33716

Title VP  
Name WILLIAMS, CHRISTOPHER  
Address 2870 SCHERER DR N STE 100  
City-State-Zip: SAINT PETERSBURG FL 33716

Title S  
Name CASELEY, HESTER CAROL  
Address 2870 SCHERER DR N STE 100  
City-State-Zip: SAINT PETERSBURG FL 33716

*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:** JAMES EDWARDS

**PRESIDENT**

**04/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date