2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000014366

Entity Name: SIMMONS TRACE HOMEOWNERS ASSOCIATION, INC.

FILED Apr 04, 2025 **Secretary of State** 1230079640CC

Current Principal Place of Business:

11 DUPONT CIRCLE NW

FL9

WASHINGTON, DC 20036

Current Mailing Address:

11 DUPONT CIRCLE NW

FL9

WASHINGTON, DC 20036 US

FEI Number: 88-2056388 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 **DIRECTOR** Title DIRECTOR

BRUCE, MELISSA Name Name GRESSETT, MONICA

Address 11 DUPONT CIRCLE NW Address 11 DUPONT CIRCLE NW FL 9

FL9

WASHINGTON DC 20036 WASHINGTON DC 20036 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **PRESIDENT**

BRUCE, MELISSA GARCIA, MICHAEL Name Name

11 DUPONT CIRCLE NW 11 DUPONT CIRCLE NW Address Address

WASHINGTON DC 20036 City-State-Zip: City-State-Zip: WASHINGTON DC 20036

Title VΡ **TREASURER** Title

GRESSETT, MONICA GARCIA, MICHAEL Name Name

11 DUPONT CIRCLE NW 11 DUPONT CIRCLE NW Address Address

FI 9

City-State-Zip: WASHINGTON DC 20036 City-State-Zip: WASHINGTON DC 20036

Title **SECRETARY** Name GARCIA, MICHAEL

FI 9

Address 11 DUPONT CIRCLE NW

City-State-Zip: WASHINGTON DC 20036

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.

04/04/2025 SIGNATURE: MELISSA BRUCE DIRECTOR