

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000269

**Entity Name:** SPANISH TRACE ESTATES HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Apr 08, 2021**  
**Secretary of State**  
**9204507179CC****Current Principal Place of Business:**7094 CALLE PONCE DE LEON  
NAVARRE, FL 32566**Current Mailing Address:**P.O. BOX 6345  
NAVARRE, FL 32566 US**FEI Number: 59-3259980****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RUSSELL, JACK E  
7094 CALLE PONCE DE LEON  
NAVARRE, FL 32566 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: JACK E RUSSELL****04/08/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | PRESIDENT                |
| Name            | RUSSELL, JACK            |
| Address         | 7094 CALLE PONCE DE LEON |
| City-State-Zip: | NAVARRE FL 32566         |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR                |
| Name            | PRESTON, KEN            |
| Address         | 3044 VIA CONQUISTADORES |
| City-State-Zip: | NAVARRE FL 32566        |

|                 |                           |
|-----------------|---------------------------|
| Title           | TREASURER                 |
| Name            | PECKINPAUGH, MARY J       |
| Address         | 7013 CALLE CABEZA DE VACA |
| City-State-Zip: | NAVARRE FL 32566          |

|                 |                           |
|-----------------|---------------------------|
| Title           | DIRECTOR                  |
| Name            | DAVIS, JOSHUA             |
| Address         | 7021 CALLE CABEZA DE VACA |
| City-State-Zip: | NAVARRE FL 32566          |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR                |
| Name            | GIVAN, DEBBIE           |
| Address         | 3049 VIA CONQUISTADORES |
| City-State-Zip: | NAVARRE FL 32566        |

*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: JACK E RUSSELL****PRESIDENT****04/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date