## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003034

Entity Name: OCEAN TRACE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 03, 2020
Secretary of State
3522513388CC

## **Current Principal Place of Business:**

C/O MAY MANAGEMENT SERVICES, INC

5455 A1A SOUTH

ST. AUGUSTINE, FL 32080

## **Current Mailing Address:**

C/O MAY MANAGEMENT SERVICES, INC

5455 A1A SOUTH

ST. AUGUSTINE, FL 32080 US

FEI Number: 59-3532815 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MARKS, ANNA M

C/O MAY MANAGEMENT SERVICES. INC

5455 A1A SOUTH

ST. AUGUSTINE, FL 32080 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: ANNA M MARKS 03/03/2020

Electronic Signature of Registered Agent Date

INC

5455 A1A SOUTH

Officer/Director Detail:

INC

Title PRESIDENT Title VP

Name HARE, GARY Name MARKS, SALLY

Address C/O MAY MANAGEMENT SERVICES. Address C/O MAY MANAGEMENT SERVICES.

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5455 A1A SOUTH 5455 A1A SOUTH

City-State-Zip: ST. AUGUSTINE FL 32080 City-State-Zip: ST. AUGUSTINE FL 32080

Title SECRETARY Title TREASURER

Name GILLAN, CHAD Name LAMMERS, DOUGLAS

Address C/O MAY MANAGEMENT SERVICES. Address C/O MAY MANAGEMENT SERVICES. INC

5455 A1A SOUTH

City-State-Zip: ST. AUGUSTINE FL 32080 City-State-Zip: ST. AUGUSTINE FL 32080

Title MEMBER AT LARGE
Name RENFROE, JIM

Address C/O MAY MANAGEMENT SERVICES.

INC

5455 A1A SOUTH

City-State-Zip: ST. AUGUSTINE FL 32080

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: SALLY MARKS VP 03/03/2020