

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003034

Entity Name: OCEAN TRACE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 11, 2024
Secretary of State
6686615449CC

Current Principal Place of Business:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

Current Mailing Address:

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:

MAY MANAGEMENT SERVICES, INC
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: CATHERINE MARKS

03/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARINELLI, MARK D
Address C/O MAY MANAGEMENT SERVICES.
 INC
 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP
Name MILLER, WILLIAM
Address C/O MAY MANAGEMENT SERVICES.
 INC
 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title SECRETARY
Name GILLAN, CHAD
Address C/O MAY MANAGEMENT SERVICES.
 INC
 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER
Name STONEHOUSE, JAMES
Address C/O MAY MANAGEMENT SERVICES.
 INC
 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title MEMBER AT LARGE
Name STEVENS, ERIC
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: MARK D MARINELLI

PRESIDENT

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date