

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

DOCUMENT# N98000003034

**Entity Name:** OCEAN TRACE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 03, 2021**  
**Secretary of State**  
**5806310501CC**

**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

03/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            TERRELL, DAN  
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            MARKS, SALLY  
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:** DOUGLAS LAMMERS

**PRESIDENT**

03/03/2021

Electronic Signature of Signing Officer/Director Detail

Date