

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003034

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

**Current Principal Place of Business:**

5455 A1A SOUTH  
SUITE 3  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

5455 A1A SOUTH  
SUITE 3  
ST. AUGUSTINE, FL 32080

**FEI Number: 59-3532815**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

% 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SMITH, DERRYL  
Address 5455 A1A SOUTH  
SUITE 3  
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP  
Name BELLICINI, ANDRE  
Address 5455 A1A SOUTH  
SUITE 3  
City-State-Zip: ST. AUGUSTINE FL 32080

Title T  
Name KREITNER, JOHN  
Address 5455 A1A SOUTH  
SUITE 3  
City-State-Zip: ST. AUGUSTINE FL 32080

Title SECRETARY  
Name GILLAN, CHAD  
Address 5455 A1A SOUTH  
SUITE 3  
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: JOHN KREITNER**

**TREASURER**

**04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date