

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT #722517

1. Entity Name
SPANISH TRACE OCEAN CLUB, INC.



Principal Place of Business
**1 OCEAN TRACE ROAD
ST. AUGUSTINE BEACH, FL 32080**

Mailing Address
**1 OCEAN TRACE ROAD
ST. AUGUSTINE BEACH, FL 32080**



04132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1487478

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHN R. GEIGER PA
4475 US 1 SOUTH #408
SAINT AUGUSTINE, FL 32086**

**DO NOT WRITE
IN THIS SPACE**

8. 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. (I am familiar with), and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MOFFETT, GLENN
1 OCEAN TRACE RD
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MOFFETT, GLENN
1 OCEAN TRACE RD
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HEIDINGER, GARY
1 OCEAN TRACE ROAD
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
WOODRUFF, MICHAEL
1 OCEAN TRACE ROAD
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GAMBLE, DAVE
1 OCEAN TRACE ROAD
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KELSO, CAROLYN
1 OCEAN TRACE ROAD
ST. AUGUSTINE, FL 32080**

000000515815
04/29/06-80223-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Heidinger
GARY HEIDINGER

PRES.

4/13/06

904-471-2535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #