

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003778

FILED
Mar 30, 2005
Secretary of State

Entity Name: OREGON TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795004

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795004

New Mailing Address:

FEI Number: 59-3746831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JR, JAMES W
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 327795004 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WU, RENEE
Address: 4668 REDMOND PL
City-St-Zip: SANFORD, FL 32771

Title: VPD () Delete
Name: KAWIUK, BRENT
Address: 1158 LEBANON CT
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: REY, DAVID
Address: 4654 REDMOND PL
City-St-Zip: SANFORD, FL 32771

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FETTINGER, JAY
Address: 4590 REDMOND PL
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SPARROW, MICHELLE
Address: 4598 REDMOND PL
City-St-Zip: SANFORD, FL 32771

Title: D () Change (X) Addition
Name: WOODRICK, FABIANA
Address: 1190 NEWBERG CT
City-St-Zip: SANFORD, FL 32771

Title: D () Change (X) Addition
Name: SHORNEY, RYAN
Address: 4594 REDMOND PL
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAY FETTINGER

PD

03/30/2005

Electronic Signature of Signing Officer or Director

Date