

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006129

FILED
Feb 07, 2009
Secretary of State

Entity Name: GATOR TRACE CONDOMINIUM ASSOCIATION I, INC.

Current Principal Place of Business:

4352 GATOR TRACE CIR.
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

4352 GATOR TRACE CIR.
FT. PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-0028163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAYE, ELEANOR
4215 GATOR TRACE AVE., APT. F
FT. PIERCE, FL 34982 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: AL () Delete
Name: ROPER, CARL
Address: 4260 GATOR TRACE AVE., APT. D
City-St-Zip: FT. PIERCE, FL 34982

Title: S () Delete
Name: KAY, ELEANOR
Address: 4215 GATOR TRACE AVE., APT. F
City-St-Zip: FT. PIERCE, FL 34982

Title: T () Delete
Name: RYNCA, ROSEANNA
Address: 4352 GATOR TRACE CIRCLE
City-St-Zip: FT. PIERCE, FL 34982

Title: AL () Delete
Name: URQUHART, NANCY
Address: 4215 GATOR TRACE AVE APT E
City-St-Zip: FT. PIERCE, FL 34982

Title: P () Delete
Name: HUGHES, LANTIE
Address: 4215 GATOR TRACE AVE., APT. H
City-St-Zip: FT. PIERCE, FL 34982

Title: V () Delete
Name: NEUBECK, RICHARD
Address: 4260 GATOR TRACE AVE., APT. E
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROSEANNA RYNCA

T

02/07/2009

Electronic Signature of Signing Officer or Director

Date