2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N01000008142

Entity Name: ARBOR TRACE AT PALM COAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O BOX 352141
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3760673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANNON, JR, FRED
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DRIVE NORTH , SUITE C
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

ANNON, JR, FRED
SOTHERN STATES MNGT. GROUP, INC.
7 FLORIDA PARK DRIVE NORTH , SUITE C
PALM COAST, FL 32137 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: FRED ANNON, JR. 02/09/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete
Name: BROWN, BETTYANN
Address: 11 SUMMER TERRACE
City-St-Zip: PALM COAST, FL 32137

Title: VPD ( ) Delete
Name: GARDNER, NANCY
Address: P.O BOX 352141
City-St-Zip: PALM COAST, FL 32135

Title: PD ( ) Delete
Name: SHROPSHIRE, KATHERINE
Address: 18 VERANDA WAY
City-St-Zip: PALM COAST, FL 32137

Title: SD ( ) Delete
Name: SMITH, DELMONT C
Address: 10 SUMMERWIND CIRCLE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change ( ) Addition
Name: PHILIP, VIRGINIA
Address: 22 SUMMER TERRACE
City-St-Zip: PALM COAST, FL 32137

Title: SD (X) Change ( ) Addition
Name: TISDALE, EILEEN
Address: 68 VERANDA WAY
City-St-Zip: PALM COAST, FL 32137

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

Title: D (X) Change ( ) Addition
Name: MURPHY, JOHN
Address: 6 SUMMERWIND CIRCLE
City-St-Zip: PALM COAST, FL 32137

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: FRED ANNON, JR. AGNT 02/09/2009
Electronic Signature of Signing Officer or Director — Date