2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N02000003808

Entity Name: PALMETTO TRACE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 9247
PANAMA CITY BEACH, FL 32417 US

New Principal Place of Business:

2827 JOAN AVE
SUITE B
PANAMA CITY BEACH, FL 32408 US

Current Mailing Address:

P.O. BOX 9247
PANAMA CITY BEACH, FL 32417 US

New Mailing Address:

FEI Number: 56-2282266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE ROAD
PANAMA CITY FL, FL 32402 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: DAVIDSON, JUDY
Address: 209 OXFORD AVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VD ( ) Delete
Name: HONEYCUTT, DAVID
Address: 505 BAINBRIDGE STREET
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: STD ( ) Delete
Name: RUTHERFORD, TOM
Address: 220 BILTMORE PLACE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D ( ) Delete
Name: LAWRENCE, TRACY
Address: 103 WESTVIEW DRIVE
City-St-Zip: DOTHAN, AL 36301

Title: D ( ) Delete
Name: MINNICK, MICHAEL
Address: 101 WINDSOR WAY
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MINNICK, MICHAEL
Address: 101 WINDSOR WAY
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: D (X) Change ( ) Addition
Name: TOLER, CHARLIE
Address: 104 BILTMORE PLACE
City-St-Zip: PANAMA CITY BEACH, FL 32413

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MINNICK PD 04/18/2007
Electronic Signature of Signing Officer or Director Date