

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003808

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** PALMETTO TRACE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 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  
Name: LUNDGREN, BARBARA  
Address: 212 MIDDLEBURG DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VD  
Name: BROWN, WILLIAM  
Address: 215 BAINBRIDGE STREET  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: STD  
Name: HATFIELD, WILLIAM  
Address: 187 PARK PLACE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D  
Name: THOMAS, JOSEPH  
Address: 219 BAINBRIDGE STREET  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D  
Name: RUTHERFORD, BEVERLY  
Address: 220 BILTMORE PLACE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

I hereby 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 all other like empowered.

SIGNATURE: TAMMY MALLORY

MGR

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date