

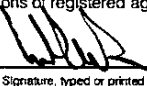
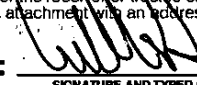


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90304 031 ****61.25

DOCUMENT # N03000002598 1. Entity Name OZONA TRACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1410 SANTA ANNA DR. DUNEDIN, FL 33528			Mailing Address 1410 SANTA ANNA DR. DUNEDIN, FL 33528		
2. Principal Place of Business 480 Orange St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 550 Suite, Apt. #, etc.			
City & State Palm Harbor, FL.		City & State Ozona, FL		4. FEI Number 56-2354223	
Zip 34683		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORMAN, LARRY 1410 SANTA ANNA DR. DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Norman, Larry Street Address (P.O. Box Number is Not Acceptable) 580 Bay St. City Palm Harbor FL Zip Code 34683	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		LARRY NORMAN President/Director		4/14/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, LARRY 1410 SANTA ANNA DR. DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HODGE, CHARLES T 1410 SANTA ANNA DR. DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITO, MICHAEL 36406 US HWY 19 N PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Norman, Larry 580 Bay St. Palm Harbor, FL. 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Norman, Larry 580 Bay St. Palm Harbor, FL. 34683	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Norman, Larry 580 Bay St. Palm Harbor, FL. 34683	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Norman, Larry 580 Bay St. Palm Harbor, FL. 34683	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Larry Norman		4/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	