

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002598

FILED
Jul 14, 2006
Secretary of State

Entity Name: OZONA TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

480 ORANGE ST
PALM HARBOR, FL 34683

New Principal Place of Business:

855 VIRGINIA AVENUE
SUITE A
PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 550
OZONA, FL 34660

New Mailing Address:

P.O. BOX 2078
PALM HARBOR, FL 34682

FEI Number: 56-2354223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NORMAN, LARRY
580 BAY ST
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

NORMAN, LARRY L
580 BAY ST
PALM HARBOR, FL 34683 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: LARRY NORMAN

07/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORMAN, LARRY
Address: 580 BAY ST
City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete
Name: HODGE, CHARLES T
Address: 1410 SANTA ANNA DR.
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: ESPOSITO, MICHAEL
Address: 36406 US HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BRADHAM, TERRI
Address: 572 BAY STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: SD (X) Change () Addition
Name: ALLISON, KELLEY
Address: 596 BAY STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Change (X) Addition
Name: NORMAN, KELLIE S
Address: 580 BAY STREET
City-St-Zip: PALM HARBOR, FL 34683

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: LARRY NORMAN

P

07/14/2006

Electronic Signature of Signing Officer or Director

Date