

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002598

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** OZONA TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

593 BAY STREET  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 246  
OZONA, FL 34660

**New Mailing Address:**

**FEI Number:** 56-2354223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREEN, MADELINE A  
593 BAY STREET  
PALM HARBOR, FL 34683 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: GREEN, MADELINE A  
Address: 593 BAY STREET  
City-St-Zip: PALM HARBOR, FL 34683

Title: VD ( ) Delete  
Name: SMITH, JEFF  
Address: 580 BAY STREET  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete  
Name: BUNICONTO, FRANK  
Address: 2700 BAYSHORE BLVD., BLDG 9, #309  
City-St-Zip: DUNEDIN, FL 34698

Title: TD ( ) Delete  
Name: MORAITIS, NICK S  
Address: 517 BAY STREET  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: BRADHAM, TERRI L  
Address: 572 BAY STREET  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: PORAMBO, THOMAS  
Address: 1785 WINDSOR GATE EAST  
City-St-Zip: CLEARWATER, FL 33755

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

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

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: MADELINE GREEN

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date