# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2009**
**Secretary of State**

DOCUMENT# N03000007228

**Entity Name:** KIMMER ROWE TRACE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% RIVERS BUFORD
7201 COVEY TRACE
TALLAHASSEE, FL 323096472

**New Principal Place of Business:**

**Current Mailing Address:**

% RIVERS BUFORD
7201 COVEY TRACE
TALLAHASSEE, FL 323096472

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

BUFORD, RIVERS H III
7201 COVEY TRACE
TALLAHASSEE, FL 323096472 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: HAYNES, GERALD L
Address: 7221 COVEY TRACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete
Name: PRINTY, THOMAS H
Address: 4113 KIMMER ROWE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete
Name: EHLER, MEGAN A
Address: 4197 KIMMER ROWE
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete
Name: BUFORD, RIVERS H III
Address: 7201 COVEY TRACE
City-St-Zip: TALLAHASSEE, FL 323096472 US

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

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: ( ) 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: RIVERS H. BUFORD, III SD 01/17/2009

Electronic Signature of Signing Officer or Director — Date