## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2006 8:00 am Secretary of State

## ANNUAL REPORT

**DOCUMENT # N05000009059** 04-18-2006 90087 024 \*\*\*\*61.25 LAUREL TRACE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business 2811-E-INDUSTRIAL PLAZE DRIVE Mailing Address/ 2811-ENDUSTRIAL PLAZE DRIVE TALLAHASSEE, FL 32301 TALLAHASSEK FL 32301 2. Principal Place of B 3 Reect 04142006 Chg-NP CR2E037 (11/05) 4. FEI Number Applied For City & Star 20-42D3b80 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent e and Address of Current Registers MANAUSA, DANIEL E 3520 THOMASVILLE RD FOURTH FLOOR TALLAHASSEE, EL 32309 Street Address (P.O. Box Number is Not Acceptable) 8. The abova 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. the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Fiorida Department of State Added to Fees Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. ☐ Deleta TTLE TITLE ☐ Change ☐ Addition **GHAVINI, HOSSEIN** NAME NAME STREET ADDRESS 2811-E INDUSTRIAL PLAZE DRIVE STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta ☐ Change ☐ Addition GHAVINI, BEHZAD NAME NAME STREET ADDRESS 2811-E INDUSTRIAL PLAZE DRIVE STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GHAVINI, MEHDRAD NAME NAME STREET ADDRESS 2811-E INDUSTRIAL PLAZE DRIVE STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-7IP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME GHAVINI MEHRAN NAME STREET ADDRESS 2811-E INDUSTRIAL PLAZE DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-7IP Change nne ☐ Defete **TITLE** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ AddItion TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received 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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-S1-73P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

WHITED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Donarna Ohona M