

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90003 011 ****61.25

DOCUMENT # N05000009059					
1. Entity Name LAUREL TRACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7113 BEECH RIDGE TRL SUITE 1 TALLAHASSEE, FL 32312			Mailing Address 7113 BEECH RIDGE TRL SUITE 1 TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box # 1607 Village Sq. Blvd Suite, Apt. #, etc. Ste 8		3. Mailing Address 1607 Village Sq. Blvd Suite, Apt. #, etc. Ste 8			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 20-4203080	
Zip 32309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDDY, MARIE 7113 BEECH RIDGE TRAIL STE 1 TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name: EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable): 1607 Village Sq. Blvd. Ste 8 City: TALLAHASSEE, FL Zip Code: 32309	
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: DATE: 2/18/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 D NAME GHAVINI, HOSSEIN STREET ADDRESS 2811-E INDUSTRIAL PLAZE DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE PD NAME CHESTER, ADAM STREET ADDRESS 2656 AMBER TRACE CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GHAVINI, BEHZAD STREET ADDRESS 2811-E INDUSTRIAL PLAZE DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE VD NAME BOWDEN, BRANDON STREET ADDRESS 2637 FENWOOD CT. CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GHAVINI, MEHRAN STREET ADDRESS 2811-E INDUSTRIAL PLAZE DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE SD NAME SICKLER, William STREET ADDRESS 2612 FENWOOD CT. CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:			Date: 2/18/08 Daytime Phone #: 8308941919		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					