

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009059

FILED
Mar 20, 2009
Secretary of State

Entity Name: LAUREL TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1607 VILLAGE SQ. BLVD
STE 8
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

1607 VILLAGE SQ. BLVD
STE 8
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-4203080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDY, MARIE
1607 VILLAGE SQ. BLVD. STE 8
TALLAHASSEE, FL 32309 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: CHESTER, ADAM
Address: 2656 AMBER TRACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD () Delete
Name: BOWDEN, BRANDON
Address: 2637 FENWOOD CT.
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: SICKLER, WILLIAM
Address: 2612 FENWOOD CT.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHESTER, ADAM
Address: 2656 AMBER TRACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD (X) Change () Addition
Name: BOWDEN, BRANDON
Address: 2637 FENWOOD CT.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change () Addition
Name: HOFMANN, KEVIN
Address: 2636 FENWOOD CT.
City-St-Zip: TALLAHASSEE, FL 32303

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: MARIE EDDY

MGR

03/20/2009

Electronic Signature of Signing Officer or Director

Date