

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000006646

FILED
Feb 02, 2009
Secretary of State

Entity Name: GULF TRACE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5365 E. CO. HWY 30A
SEAGROVE BEACH, FL 32459

New Principal Place of Business:

164 GULF SHORE DRIVE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

5365 E. CO. HWY 30A
SEAGROVE BEACH, FL 32459

New Mailing Address:

164 GULF SHORE DRIVE
SANTA ROSA BEACH, FL 32459

FEI Number: 26-0505291 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANKLIN H. WATSON, P.A.
5365 E. CO. HWY 30A
SEAGROVE BEACH, FL 32459 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: FRANKLIN H. WATSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAY, JAMES E
Address: 163 GULF SHORE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DVP () Delete
Name: HARRELL, RICHARD C
Address: 164 GULF SHORE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DST () Delete
Name: PERRY, MIKEL LEE
Address: 303 GULF SHORE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: WATSON, FRANKLIN H
Address: 5365 E. CO. HWY. 30A
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: D () Delete
Name: JEWELL, DALE
Address: 226 SAVELLE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: SPINDLER, LEE
Address: 280 SAVELLE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:

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: FRANKLIN H. WATSON

D

02/02/2009

Electronic Signature of Signing Officer or Director

Date