

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 17, 2009**  
**Secretary of State**

DOCUMENT# N07000006646

**Entity Name:** GULF TRACE OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**164 GULF SHORE DRIVE  
SANTA ROSA BEACH, FL 32459**New Principal Place of Business:****Current Mailing Address:**164 GULF SHORE DRIVE  
SANTA ROSA BEACH, FL 32459**New Mailing Address:**P.O BOX 4807  
SANTA ROSA BEACH, FL 32459**FEI Number:** 26-0505291**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****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:**HARRELL, RICHARD C  
164 GULF SHORE DRIVE  
SANTA ROSA BEACH, FL 32459 US

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: RICHARD C HARRELL

07/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: DVP ( ) Delete  
Name: VALENTINO, CARL  
Address: 71 GULF SHORE DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DST ( ) Delete  
Name: LEWIS, NANCY J  
Address: 94 GULF SHORE DRIVE  
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:

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: NANCY LEWIS

DST

07/17/2009

Electronic Signature of Signing Officer or Director

Date