

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009871

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** MISSION TRACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

920 THIRD STREET  
SUITE B  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

920 THIRD STREET  
SUITE B  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

**FEI Number:** 32-0222273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, L D  
920 THIRD STREET  
SUITE B  
NEPTUNE BEACH, FL 32266 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: DP ( ) Delete  
Name: VANZANT, CHRIS  
Address: 4315 PABLO OAKS COURT SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DST ( ) Delete  
Name: HARDIN, JENNIFER  
Address: 4315 PABLO OAKS COURT SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DVP ( ) Delete  
Name: LEWIS, KERI  
Address: 4315 PABLO OAKS CT STE 1  
City-St-Zip: JACKSONVILLE, FL 32224

**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:

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: L. DENISE WALLACE

RA

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date