

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:54

DOCUMENT # N10052

(1)

1. Corporation Name

SPANISH TRACE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 2296
CHIEFLND FL 32626-9296

P O BOX 2296
CHIEFLND FL 32626-9296

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/02/1985

3a. Date of Last Report
04/29/1994

4. FBI Number

Applied For

NOT APPLICABLE

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. PIERRE, JOSEPH W
LOT 9, STEVENS DRIVE
SUITE A
CHIEFLND FL 32626

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ST. PIERRE, JOSEPH W

STREET ADDRESS

LOT 9, STEVENS DRIVE

CITY - ST - ZIP

CHIEFLND FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

MASON, ELLIS

STREET ADDRESS

LOT 22, STEVENS DRIVE

CITY - ST - ZIP

CHIEFLND FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VICE PRESIDENT / DIRECTOR ☒ Change ☐ Addition
JAMES DEBBORDY
R.R. 4, BOX 326-5
LOT 22 SPANISH TRACE
CHIEFLND, FL

TITLE

TD

NAME

DAVID, GWENDOLYN L

STREET ADDRESS

LOT 7273 SPANISH TRACE

CITY - ST - ZIP

CHIEFLND FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

CLARK, MARY

STREET ADDRESS

4832 BONITA VISTA DR.

CITY - ST - ZIP

TAMPA FL 33634

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

MARCUM, SUE

STREET ADDRESS

1918 E. ORCHARD DRIVE

CITY - ST - ZIP

APOPKA FL 32712

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSEPH W. ST. PIERRE

4-25-95

(904) 493-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number