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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

3. Date Incorporated or Qualified

07/02/1985

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No **N/A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES R. DEGREGORY
7930 N.W. 45TH TERRACE
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD JAMES R. DEGREGORY**
STREET ADDRESS **7930 N.W. 45TH TERRACE**
CITY-ST-ZIP **CHIEFLND FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VP MARCUM, WILLIAM**
STREET ADDRESS **4751 NW 76 LN**
CITY-ST-ZIP **CHIEFLND FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD MARCUM, SUZANNE S.**
STREET ADDRESS **4751 NW 76 LN**
CITY-ST-ZIP **CHIEFLND FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **D RICHARD, CELICH**
STREET ADDRESS **LOT 5, NE 51 CT**
CITY-ST-ZIP **CHIEFLND FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D KUNDER, ROGER**
STREET ADDRESS **7550 NW 51 CT**
CITY-ST-ZIP **CHIEFLND FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

James R. DeGregory

James R. DeGregory

April 20, 1998

352-
493-2480

CR2E037 (10/97)