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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10052

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) Country (30)

3. Date Incorporated or Qualifed: 07/02/1985

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JAMES R. DEGREGORY
7930 N.W. 45TH TERRACE
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JAMES R. DEGREGORY		1.2 NAME		
STREET ADDRESS	7930 N.W. 45TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	MARCUM, WILLIAM		2.2 NAME	GWENDOLYN DAVIS	
STREET ADDRESS	4751 NW 76 LN		2.3 STREET ADDRESS	7450 N.W. 45TH TERRACE	
CITY-ST-ZIP	CHIEFLND FL		2.4 CITY-ST-ZIP	CHICFLAND FL 32626	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARCUM, SUZANNE S.		3.2 NAME		
STREET ADDRESS	4751 NW 76 LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	~~MARK~~ DIRECTOR	☒ Change ☐ Addition
NAME	MARIBONA, ROSE		4. 2 NAME	MARK SEABROOK	
STREET ADDRESS	7591 NW 46 TERR		4.3 STREET ADDRESS	4502 PICCADILLY ST	
CITY-ST-ZIP	CHIEFLND FL 32626		4.4 CITY-ST-ZIP	TAMOA FL 33634	
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	KUNDER, ROGER		5.2 NAME	TIM DAVIS	
STREET ADDRESS	7550 NW 51 CT		5.3 STREET ADDRESS	P.O. BOX 877	
CITY-ST-ZIP	CHIEFLND FL		5.4 CITY-ST-ZIP	CHICFLAND FL 32644	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: James R. DeGregory JAMES R. DeGREGORY 4/20/99 352-493-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #