2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90221 047 ****61.25

0021145

DOCUMENT # N10052

1. Entity Name

SPANISH TRACE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 2296 CHIEFLAND FL 32626-9296	P O BOX 2296 CHIEFLAND FL 32626-9296

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

TUMMOND, SCOTT
5050 NW 73RD STREET
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name Mrs. Sara DeGregory
Street Address (P.O. Box Number is Not Acceptable) 7930 NW 45th Terrace
City Chiefland FL Zip Code 32626

8. 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 Sara L. DeGregory 04/21/2001
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES R. DEGREGORY 7930 N.W. 45TH TERRACE CHIEFLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sara DeGregory 7930 NW 45th Terrace Chiefland FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, GWENDOLYN 7450 NW 45 TERR CHIEFLAND FL 32626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kathy Waddell 7851 NW 48th Terrace Chiefland FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARCUM, SUZANNE S. 4751 NW 76 LN CHIEFLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Cathy Drake 7790 NW 48th Terrace Chiefland FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEABROOK, MARK 4502 PICCADILLY ST TAMPA FL 33634	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gwen Davis 7450 NW 45th Terrace Chiefland, FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, TIM PO BOX 877 CHIEFLAND FL 32644	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Scott Tummond 5050 NW 73rd Street Chiefland FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara L. DeGregory SIGNATURE REQUIRED 04/21/2001 352 493-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #