2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90188 003 ****61.25

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	7. Name and Address of New Registered Agent
DEGREGORY, MRS. SARA 7930 NW 48TH TERRACE CHIEFLAND FL 32626	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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 DEGREGORY, SARA 7930 N.W. 45TH TERRACE CHIEFLAND FL 32626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WADDELL, KATHY 7851 NW 48TH TERRACE CHIEFLAND FL 32626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DRAKE, CATHY 7790 NW 48TH TERRACE CHIEFLAND FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, GWEN 7450 NW 45th Terrace Chiefland, FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, GWEN 7450 NW 45TH TERRACE CHIEFLAND FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Davis, Dawn 107 N. Young Blvd. Chiefland, FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUMMOND, SCOTT 5050 NW 73RD STREET CHIEFLAND FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carroll, Charles 4851 NW 80th St. Chiefland, FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition

CR2E037 (9/01)

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 4/16/02 (352) 493-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #