NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2004 8:00 am
Secretary of State
04-29-2004 90267 041 ****61.25

DOCUMENT # N10052

1. Entity Name
SPANISH TRACE HOMEOWNERS ASSO. INC.

66423830

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 2296
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CHIEFLAND, FL 32644
Zip / Country	Zip: 32644 / Country: LEVY

4. FEI Number: 59-3718524 (HAVE) — Applied For ☐ / Not Applicable ☒

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

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7. Name and Address of Current Registered Agent

Name: SARA L. DeGREGORY

Street Address (P.O. Box Number is Not Acceptable): 7930 N.W. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sara L. DeGregory (NO change from last yr) DATE: 5/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE	Pres.	TITLE	
NAME	SARA DEGREGORY	NAME	
STREET ADDRESS	7930 NW 45th TER	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP	
TITLE	V. Pres	TITLE	
NAME	KATH WADDELL	NAME	
STREET ADDRESS	7851 NW 48th TER	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	SUE MARCUM	NAME	
STREET ADDRESS	4751 NW 76th Lane	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	
NAME	GWEN DAVIS	NAME	
STREET ADDRESS	7450 NW 45th TER	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Charles Carroll	NAME	
STREET ADDRESS	4851 NW 80th St	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	SUE HILL	NAME	
STREET ADDRESS	7730 NW 48th TER	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND, FL 32626	CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sara L. DeGregory SARA L. DeGREGORY 4/26/04 (352) 493-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #