2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2005 8:00 am
Secretary of State
06-16-2005 90002 011 ****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 32644	P O BOX 2296 CHIEFLAND, FL 32644

05202005 Chg-NP CR2E037 (10/03)

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 59-3718524 ☐ 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: HILL, Ms. SUE Street Address (P.O. Box Number is Not Acceptable): 7790 NW 48th 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 Sue Hill, Treasurer Sue Hill 6/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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			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	PD BURNETT, KAREN 12050 NW 85th AVENUE Chiefland, FL 32626	☐ 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	VP WAIN, JOSEPH 7430 NW 45th TERRACE Chiefland, FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, GWEN 7450 NW 45TH TERRACE CHIEFLAND, FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HILL, SUE 7790 NW 48th TERRACE Chiefland, FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, DANNY 4263 CYRPESS BLVD GENEVA, FL 32732	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLE, JAMES 4851 NW 80th STREET Chiefland, FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROLL, CHARLES 4851 NW 80TH ST. CHIEFLAND, FL 32626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LITTLE, SHARON A 4851 NW 80th STREET Chiefland, FL 32626	☐ Change ☒ Addition

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: Sue Hill, Treasurer Sue Hill 6/13/05 352-490-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #