

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90186 047 ****61.25

DOCUMENT # N10052

1. Entity Name

SPANISH TRACE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

P O BOX 2296
CHIEFLAND FL 32644

Mailing Address

P O BOX 2296
CHIEFLAND FL 32644



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

HILL, SUE
7790 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sue Hill

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4/28/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD ☐ Delete
NAME BURNETT, KAREN
STREET ADDRESS 12050 NW 85TH AVENUE
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME WAIN, JOSEPH
STREET ADDRESS 7430 NW 45TH TERRACE
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS LUCAS, TERRY
CITY-ST-ZIP 4970 NW 73RD ST.
CHIEFLAND, FL 32626

TITLE TD ☐ Delete
NAME HILL, SUE
STREET ADDRESS 7790 NW 48TH TERRACE
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LITTLE, JAMES
STREET ADDRESS 4851 NW 80TH STREET
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CARROLL, CHARLES
STREET ADDRESS 4851 NW 80TH ST.
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CARROLL, JANICE
CITY-ST-ZIP 4851 NW 80TH ST.
CHIEFLAND, FL 32626

TITLE S ☒ Delete
NAME LITTLE, SHARON A
STREET ADDRESS 4851 NW 80TH STREET
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS LUCAS, MARIE
CITY-ST-ZIP 4970 NW 73RD ST.
CHIEFLAND, FL 32626

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4/28/06