2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90035 037 ****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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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
~~BURNETT, KAREN~~ ~~5150 NW 73RD STREET~~ ~~CHIEFLAND FL 32626~~ X	Name SARA DEGREGORY Street Address (P.O. Box Number is Not Acceptable) 7930 NW 45TH TER 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 DeGregory April 15, 2008
Signature, typed or printed name of person signing and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	T BURNETT, KAREN 5150 NW 73RD ST CHIEFLAND FL 32626	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President SARA DEGREGORY 7930 NW 45TH TER Chiefland, FL 32626	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUCAS, TERRY 4970 NW 73RD ST CHIEFLAND FL 32626	☑ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director LUCAS, Terry 4970 NW 73rd St. Chiefland, FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WAIN, JOSEPH 7430 NW 45TH TERR CHIEFLAND FL 32626	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER WAIN, Joseph 7480 NW 45TH TER Chiefland, FL 32626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLER, EDWARD JR 7351 NW 45TH TERR CHIEFLAND FL 32626	☑ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Keller, Edward JR 7351 NW 45TH TER Chiefland, FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROLL, JANICE 4851 NW 80TH ST. CHIEFLAND FL 32626	☐ Delete →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director CARROLL, JANICE 4851 NW 80th St. Chiefland, FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUCAS, MARIE 4970 N.W. 73RD ST. CHIEFLAND FL 32626	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JAMES DEGREGORY 7930 NW 45TH TER CHIEFLAND, FL 32626	☒ Change ☒ Addition

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: