

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90949 017 ****61.25

DOCUMENT # N10052

1. Entity Name

SPANISH TRACE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

P O BOX 2296
CHIEFLAND FL 32626-9296
32644

Mailing Address

P O BOX 2296
CHIEFLAND FL 32626-9296

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DEGREGORY, SARA**
STREET ADDRESS **7930 N.W. 45TH TERRACE**
CITY-ST-ZIP **CHIEFLAND FL 32626**

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

TITLE **VP** ☐ Delete
NAME **WADDELL, KATHY**
STREET ADDRESS **7851 NW 48TH TERRACE**
CITY-ST-ZIP **CHIEFLAND FL 32626**

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

TITLE **TD** ☐ Delete
NAME **DAVIS, GWEN**
STREET ADDRESS **7450 NW 45TH TERRACE**
CITY-ST-ZIP **CHIEFLAND FL 32626**

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

TITLE **D** ☒ Delete
NAME **DAVIS, DAWN**
STREET ADDRESS **107 N. YOUNG BLVD.**
CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE ☒ Change ☒ Addition
NAME **DANNY Smith**
STREET ADDRESS **4263 Cypress Blvd.**
CITY-ST-ZIP **GENEVA, FL 32732**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 DEGREGORY**

4/12/03 (352)493-2480

CR2E037 (10/02)