2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N10275

Entity Name: GATOR TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4323 GATOR TRACE DRIVE
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

4323 GATOR TRACE DRIVE
FORT PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 59-1698657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMMERHAYS, ROBERT W S
4323 GATOR TRACE DRIVE
FT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

SUMMERHAYS, ROBERT W T
4323 GATOR TRACE DRIVE
FT PIERCE, FL 34982 US

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.

SIGNATURE: ROBERT W SUMMERHAYS 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VALENCIA, STEVE
Address: 4358 GATOR TRACE CIRCLEDRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Delete
Name: SUMMERHAYS, ROBERT W
Address: 4323 GATOR TRACE DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: S ( ) Delete
Name: CHAPDELAINE, PAUL
Address: 4403 GATOR TRACE LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: ZICARELLI, JOHN
Address: 440 GATOR TRACE LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: VP ( ) Delete
Name: GLEASON, JIM
Address: 4373 GATOR TRACE LN
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WISTON, MARK
Address: 4343 GATOR TRACE CIRCLE
City-St-Zip: FORT PIERCE, FL 34982

Title: S (X) Change ( ) Addition
Name: ZICARELLI, JOHN
Address: 440 GATOR TRACE LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W SUMMERHAYS S 01/06/2009
Electronic Signature of Signing Officer or Director Date