

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10275

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**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 JR.  
4323 GATOR TRACE DRIVE  
FT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: S  
Name: WISTON, MARK  
Address: 4343 GATOR TRACE CIRCLE  
City-St-Zip: FORT PIERCE, FL 34982

Title: VP  
Name: ZICARELLI, JOHN  
Address: 440 GATOR TRACE LANE  
City-St-Zip: FORT PIERCE, FL 34982

Title: P  
Name: GLEASON, JIM  
Address: 4373 GATOR TRACE LN  
City-St-Zip: FORT PIERCE, FL 34982

Title: D  
Name: ENGEL, JOHN  
Address: 4304 GATOR TRACE DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W SUMMERHAYS, JR, CPA

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01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date