FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:32

DOCUMENT # N11561 (0)

1. Corporation Name
GULF TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7317 LITTLE RD. NEW PORT RICHEY FL 34654 US	7317 LITTLE RD. NEW PORT RICHEY FL 34654 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1985
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2898707 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PEYTON, DONALD R
7317 LITTLE RD.
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] Attorney at Law 2-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name altered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DOLENCE, BILLY W	1.2 NAME	OPEN	
STREET ADDRESS	8341 KABARDIN CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BLOOMER, ROBERT	2.2 NAME		
STREET ADDRESS	3522 COVINGTON DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	CONANT, ERROL	3.2 NAME		
STREET ADDRESS	3130 WESTRIDGE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	CORKINS, DEBORAH	4.2 NAME	BUDGIS, MARY LOU	
STREET ADDRESS	2813 SOUTFIELD CT.	4.3 STREET ADDRESS	3119 Ivyhill Court	
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	MIGLIORE, FRANCES	5.2 NAME	CHAMBERS, J. RICHARD	
STREET ADDRESS	2904 SUMMERVALE DR	5.3 STREET ADDRESS	4018 Ashley Court	
CITY-ST-ZIP	HOLIDAY FL	5.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	SPAHN, JAMES F.	
STREET ADDRESS		6.3 STREET ADDRESS	2918 Windridge Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Holiday, FL 34691	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert M Blanner 2/6/95 934-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #