

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

10/14/1985

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **3522 Covington Dr.**

26 **P.O. Box 3888**

4. FEI Number

59-2898707

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Holiday, FL**

28 **Holiday, FL**

Zip

Country

Zip

Country

24 **34691**

25 **Pasco**

29 **34690**

30 **Pasco**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **BLOOMER, ROBERT**
STREET ADDRESS **3522 COVINGTON DR.**
CITY - ST - ZIP **HOLIDAY FL**

TITLE **DV** ☐ DELETE
NAME **CONANT, ERROL**
STREET ADDRESS **3130 WESTRIDGE DR**
CITY - ST - ZIP **HOLIDAY FL**

TITLE **SD** ☐ DELETE
NAME **BUDGIS, MARY LOU**
STREET ADDRESS **3119 IVYHILL COURT**
CITY - ST - ZIP **HOLIDAY FL**

TITLE **SD** ☐ DELETE
NAME **CHAMBERS, J. R**
STREET ADDRESS **4018 ASHLEY COURT**
CITY - ST - ZIP **HOLIDAY FL**

TITLE **D** ☒ DELETE
NAME **~~SPAIN, JAMES T~~**
STREET ADDRESS **~~2018 WINDRIDGE DRIVE~~**
CITY - ST - ZIP **~~HOLIDAY FL~~**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☒ Change ☐ Addition
12 NAME **BLOOMER, ROBERT**
13 STREET ADDRESS **3522 COVINGTON DR.**
14 CITY - ST - ZIP **HOLIDAY, FL 34691**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE **D** ☒ Change ☐ Addition
32 NAME **BUDGIS, MARY LOU**
33 STREET ADDRESS **3119 IVYHILL COURT**
34 CITY - ST - ZIP **HOLIDAY, FL 34691**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE **DT** ☐ Change ☒ Addition
52 NAME **GUASTO, SALVATORE**
53 STREET ADDRESS **3124 SANDHILL DR**
54 CITY - ST - ZIP **HOLIDAY, FL 34691**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(k), 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 Bloomer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-14-96 (813) 934-4403

Daytime Phone #

CR2E037 (12/95)