

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90069 018 ****61.25

DOCUMENT # N11561

1. Entity Name

GULF TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**3300 HEARTHSTONE CT.
HOLIDAY FL 34691
US**

Mailing Address

**PO BOX 3888
HOLIDAY FL 34690
US**

00004383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2898707**

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

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

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPT** ☐ Delete
NAME **WALSH, MICHAEL J JR.**
STREET ADDRESS **3300 HEARTHSTONE CT.**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **D** ☐ Change ☒ Addition
NAME **AYAN, MANUEL**
STREET ADDRESS **3014 WESTRIDGE DR**
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE **VPD** ☐ Delete
NAME **TUIDOR, CHARLES B**
STREET ADDRESS **2805 BRAMBLE RIDGE CT**
CITY-ST-ZIP **HOLIDAY-FL 34691**

TITLE **D** ☐ Change ☒ Addition
NAME **EGLESTON, DAVID**
STREET ADDRESS **3318 GLENWOOD CIR**
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE **D** ☐ Delete
NAME **THOMAS, PETER**
STREET ADDRESS **2839 FEATHERSTONE COURT**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **D** ☐ Change ☒ Addition
NAME **THOMAS, JANE M**
STREET ADDRESS **2832 WOOD ROSE CT**
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE **SD** ☐ Delete
NAME **MURPHY, JEROME J**
STREET ADDRESS **3307 GLENWOOD CIR**
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **D** ☐ Delete
NAME **GOBER, ROBERT**
STREET ADDRESS **4031 ASHLEY COURT**
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **D** ☐ Delete
NAME **TOSCANO, ANTHONY**
STREET ADDRESS **3266 HEARTHSTONE CT**
CITY-ST-ZIP **HOLIDAY FL 34691**

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 empowers.

SIGNATURE:

Michael J Walsh Jr
MICHAEL J WALSH JR
DIRECTOR

8 JAN 01 (727) 943-9491

Date Daytime Phone #

CR2E037 (10/00)

0081330