

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90019 021 ****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**

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**E
EGELSTON, DAVID E.
3318 GLENWOOD CIRCLE
HOLIDAY FL 34691** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MURPHY, JEROME J
3307 GLENWOOD CIRCLE
HOLIDAY FL 34691** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PETERS, THOMAS
2839 FEATHERSTONE CT
HOLIDAY FL 34691** ☒ Change ☐ Addition

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

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

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 empowered.

SIGNATURE:

MICHAEL J. WALSH JR., PRES.
RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11 JAN 02 (727) 943-9491

CR2E037 (9/01)