

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11561

FILED
Feb 04, 2007
Secretary of State

Entity Name: GULF TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2805 BRAMBLERIDGE COURT
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3888
HOLIDAY, FL 34690 US

New Mailing Address:

PO BOX 3888
HOLIDAY, FL 34692-088 US

FEI Number: 59-2898707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN H
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602 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: P () Delete
Name: TUIDER, CHARLES B
Address: 2805 BRAMBLERIDGE CT.
City-St-Zip: HOLIDAY, FL 34691

Title: DT () Delete
Name: DAVIDSON, SUSAN W
Address: 3629 NETTLE CREEK CT
City-St-Zip: HOLIDAY, FL 34691

Title: S () Delete
Name: PATERA, CORRINE
Address: 2817 WINDRIDGE DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: VP () Delete
Name: BRUNNIN, JEANINE
Address: 2828 WOODROSE CT.
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: DESPOTA, KATHY
Address: 3020 SUMMERVALE DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: TOSCANO, ANTHONY
Address: 3266 HEARTHSTONE CT
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DENNIE, LYNN
Address: 3212 HEARTHSTONE COURT
City-St-Zip: HOLIDAY, FL 34691

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN W DAVIDSON

T

02/04/2007

Electronic Signature of Signing Officer or Director

Date