

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 05, 2008  
Secretary of State

DOCUMENT# N11561

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 34692 US

**New Mailing Address:**

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:**

MALLEY, ANNE M  
1230 SOUTH MYRTLE AVENUE  
105  
CLEARWATER, FL 33756 US

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: ANNE M MALLEY

02/05/2008

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: DENNIE, LYNN  
Address: 3212 HEARTHSTONE COURT  
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 (X) 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 DAVIDSON

DT

02/05/2008

Electronic Signature of Signing Officer or Director

Date