


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90036 037 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N13813</b><br>1. Entity Name<br><b>CENTERVILLE TRACE HOMEOWNERS ASSOCIATION, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>P.O. BOX 13936<br/>TALLAHASSEE, FL 32317-3936</b>   |  |   |   | Mailing Address<br><b>P.O. BOX 13936<br/>TALLAHASSEE, FL 32317-3936</b>  |  |
| 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<br><b>59-3050428</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>THORNE, VIRGINIA<br/>3680 CORINTH DR<br/>TALLAHASSEE, FL 32308</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |  |   |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>SYKES, TIM</b><br><b>3011 HARPERS FERRY DR</b><br><b>TALLAHASSEE, FL 32308</b>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>D</b><br><b>Jan Clark</b><br><b>3702 Corinth Dr.</b><br><b>Tallahassee, FL 32308</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>CONTOS, NICK</b><br><b>3642 OX HILL CT</b><br><b>TALLAHASSEE, FL 32308</b>      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>THORNE, VIRGINIA</b><br><b>3680 CORINTH DR</b><br><b>TALLAHASSEE, FL 32308</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> <u>Virginia C. Thorne</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <u>1/13/05</u> <u>850-563-4565</u><br><small>Date Daytime Phone #</small> |  |  |

Virginia C. Thorne