


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90018 035 ****61.25

DOCUMENT # N13813

1. Entity Name
 CENTERVILLE TRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 13936 P.O. BOX 13936
 TALLAHASSEE, FL 32317-3936 TALLAHASSEE, FL 32317-3936

60004990



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01142007 Chg-NP CR2E037 (12/06)

City & State City & State

4. FEI Number 59-3050428 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THORNE, VIRGINIA
 3680 CORINTH DR
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
 Name CRAIG LOOK
 Street Address (P.O. Box Number is Not Acceptable) 3067 Bell GROVE DR
 City TALLAHASSEE FL Zip Code 32308

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 Craig E. Cook DATE 1-18-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, JAN	
STREET ADDRESS	3702 CORINTH DR.	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONTOS, NICK	
STREET ADDRESS	3642 OX HILL CT	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THORNE, VIRGINIA	
STREET ADDRESS	3680 CORINTH DR	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD CLARA	
STREET ADDRESS	3542 CHANTILLY CT	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOX, SOTT	
STREET ADDRESS	3069 Bell GROVE DR	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, CRAIG	
STREET ADDRESS	3067 Bell GROVE DR	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Craig Cook DATE 1-18-07 DAYTIME PHONE # 850-528-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #