


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N23352 1. Entity Name INDIAN TRACE SHOPPING CENTER OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 1175 N.E. 125TH STREET STE. 102 NORTH MIAMI, FL 33161	Mailing Address 1175 N.E. 125TH STREET STE. 102 NORTH MIAMI, FL 33161
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03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TATE, J. KENNETH 1175 NE 125TH ST SUITE 102 NORTH MIAMI, FL 33161

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TATE, J. KENNETH 1175 NE 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TATE, JAMES D 1175 NE 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, STANLEY G 1175 NE 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161
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03/17/05-80059-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05

Date

305-891-1107 x201

Daytime Phone #