

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

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90003 050 ****61.28

DOCUMENT # N24493

1. Entity Name
VILLAS AT GATOR TRACE HOMEOWNER'S
ASSOCIATION, INC.



Principal Place of Business

4168 A GATOR TRACE
FT. PIERCE, FL 34982 US

Mailing Address

4168 A GATOR TRACE
FT. PIERCE, FL 34982 US

00000001



01072005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0082326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUNNER, JANET
4168-A GATOR TRACE VILLAS CIRCLE
FT PIERCE, FL 34982

**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
VPD
DUCHARME, JOSEPH
4168-B GATOR TRACE VILLAS CR
FT. PIERCE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CAWTHORNE, DALE
4176 B GATOR TRACE VILLAS CR
FORT PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WORTHING, MARIE
4178 A GATOR TRACE VILLAS CR
FT. PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LONG, NANCY
4173 C GATOR TRACE VILLAS CR
FORT PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DEBOR, LAWRENCE
4160 B GATOR TRACE VILLAS CR
FORT PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEWIS, JANE
4183 A COATOR TRACE VILLAS CR.
FORT PIERCE, FL 34982

**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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/05

772 595 5832