FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 21 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35142 (1)

1. Corporation Name
HUNTINGTON TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PAUL S. NATTIS PO BOX 1533 SAFETY HARBOR FL 34695	C/O ERNEST LANE PO BOX 1533 SAFETY HARBOR FL 34695 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3004596 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 C/O MARK CHRISTENSEN	26 C/O MARK CHRISTENSEN
Suite, Apt. #, etc. 22 PO BOX 1833	Suite, Apt. #, etc. 27 PO BOX 1833
City & State 23 SAFETY HARBOR FL	City & State 28 SAFETY HARBOR, FL
Zip / Country 24 34695 / 25 PINELLAS	Zip / Country 29 34695 / 30 PINELLAS

9. Name and Address of Current Registered Agent

MANKIN, LEONARD J., P.A.
2380 DREW STREET
SUITE 3
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LANE, ERNEST	1.2 NAME	Christensen, Mark	
STREET ADDRESS	2305 OXFORD CT.	1.3 STREET ADDRESS	2309 oxford ct.	
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	Safety Harbor FL. 34695	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	JARARE, LARRY	2.2 NAME	Paul Kluga	
STREET ADDRESS	2218 WINDSONG CT.	2.3 STREET ADDRESS	2311 OXFORD COURT	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, ALBERT	3.2 NAME		
STREET ADDRESS	2222 WINDSONG	3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S	☑ Change ☐ Addition
NAME	GROB, BARBARA	4.2 NAME	Daniel Sweeney	
STREET ADDRESS	2306 OXFORD CT.	4.3 STREET ADDRESS	1706 Huntington ct	
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	Safety Harbor FL. 34695	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Christensen 4/6/95 813-797-8978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000011