2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N43746

Entity Name: OTTER TRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5303 WINDING WAY
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

5303 WINDING WAY
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3639842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASAS, DARCY M
5303 WINDING WAY
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: ZABIN, DOUG
Address: 5263 WINDING WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D/V ( ) Delete
Name: BLAWN, MIKE
Address: 5222 WINDING WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete
Name: CASAS, DARCY M
Address: 5303 WINDING WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D/T ( ) Delete
Name: CASAS, DARCY M
Address: 5303 WINDING WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S/AC ( ) Delete
Name: CASAS, GEORGE
Address: 5303 WINDING WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ARC ( ) Delete
Name: ZABIN, DOUG
Address: 5263 WINDING WAY
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ARC (X) Change ( ) Addition
Name: CASAS, GEORGE
Address: 5303 WINDING WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARCY CASAS D/TR 03/06/2009
Electronic Signature of Signing Officer or Director — Date