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Aug 18, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43888

1. Corporation Name

NATCHEZ TRACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
4200 NATCHEZ TRACE DR.
ST. CLOUD FL 34769

Mailing Address
4200 NATCHEZ TRACE DR.
ST. CLOUD FL 34769



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/13/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3075671
City & State 23	City & State 28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Country 25	Country 29	Trust Fund Contribution

9. Name and Address of Current Registered Agent

MAGRUDER, C. MICHAEL
220 E. MONUMENT AVENUE
#C
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name **Christine Buens**
82 Street Address (P.O. Box Number is Not Acceptable)
4005 Natchez Trace Drive
83
84 City **St Cloud** FL 85 Zip Code **34769**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Christine Buens

8/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	☒ DELETE
NAME	MORGANTI, DOROTHY	
STREET ADDRESS	4320 NATCHEZ TRACE DR	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	D	☒ DELETE
NAME	TREADWAY, WILLIAM	
STREET ADDRESS	4020 NATCHEZ TRACE DRIVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	☒ DELETE
NAME	FUGATE, EDNA	
STREET ADDRESS	4200 NATCHEZ TRACE DRIVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	TD	☒ DELETE
NAME	DIXON, LAURA	
STREET ADDRESS	4231 NATCHEZ TRACE DR	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	PD	☒ DELETE
NAME	FUGATE, EDNA	
STREET ADDRESS	4200 NATCHEZ TRACE DR	
CITY-ST-ZIP	ST CLOUD FL 34969	
TITLE	D	☒ DELETE
NAME	HARRISON, DAVID	
STREET ADDRESS	4205 NATCHEZ TRACE DR	
CITY-ST-ZIP	ST CLOUD FL 34769	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	☒ Change ☐ Addition
1.2 NAME	Robert Dixon	
1.3 STREET ADDRESS	4231 Natchez Trace Dr.	
1.4 CITY-ST-ZIP	St Cloud, FL 34769	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	Judith Mitchell	
2.3 STREET ADDRESS	4300 Natchez Trace Dr.	
2.4 CITY-ST-ZIP	St Cloud, FL 34769	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Dixon, Laura	
3.3 STREET ADDRESS	4231 Natchez Trace Drive	
3.4 CITY-ST-ZIP	St. Cloud, FL 34769	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	Christine Buens	
4.3 STREET ADDRESS	4005 Natchez Trace Dr.	
4.4 CITY-ST-ZIP	St Cloud, FL 34769	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	O	☒ Change ☐ Addition
6.2 NAME	Donna Essing	
6.3 STREET ADDRESS	4313 Natchez Trace Dr.	
6.4 CITY-ST-ZIP	St Cloud, FL 34769	

14. 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 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, with all other like empowered.

SIGNATURE:

Christine Buens

8/15/99

348-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)