

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90015 040 ****61.25

DOCUMENT # N43888

1. Entity Name

NATCHEZ TRACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4200 NATCHEZ TRACE DR.
ST. CLOUD FL 34769

PO BOX 701313
SAINT CLOUD FL 34772
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3075671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARROLD, PAM
4213 NATCHEZ TRACE DRIVE
SAINT CLOUD FL 34769

Name *Reus, Tracy*

Street Address (P.O. Box Number is Not Acceptable)

4020 Natchez Trace Drive

City *St. Cloud*

FL

Zip Code *34769*

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.

SIGNATURE *Tracy Reus*

Tracy Reus, Treasurer

1/29/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FUGATE, EDNA ☐ Delete
STREET ADDRESS 4200 NATCHEZ TRACE DR
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE PD *Pooler, Loren* ☒ Change ☐ Addition
NAME
STREET ADDRESS *3921 Natchez Trace Drive*
CITY-ST-ZIP *Saint Cloud, FL 34769*

TITLE VD
NAME RICHARDSON, JEANETTE ☐ Delete
STREET ADDRESS 4012 NATCHEZ TRACE DRIVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE VD *Campbell, John* ☒ Change ☐ Addition
NAME
STREET ADDRESS *4113 Natchez Trace Drive*
CITY-ST-ZIP *Saint Cloud, FL 34769*

TITLE SD
NAME DIXON, LAURA ☐ Delete
STREET ADDRESS 4231 NATCHEZ TRACE DRIVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE SD *Cerquiera, Cheryl* ☒ Change ☐ Addition
NAME
STREET ADDRESS *4230 Natchez Trace Drive*
CITY-ST-ZIP *Saint Cloud, FL 34769*

TITLE TD
NAME HARROLD, PAM ☐ Delete
STREET ADDRESS 4213 NATCHEZ TRACE DRIVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE TD *Reus, Tracy* ☒ Change ☐ Addition
NAME
STREET ADDRESS *4020 Natchez Trace Drive*
CITY-ST-ZIP *Saint Cloud, FL 34769*

TITLE D
NAME CERAURIRA, CHERYL ☒ Delete
STREET ADDRESS 4230 NATCHEZ TRACE DRIVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE D *Harrison, David* ☒ Change ☐ Addition
NAME
STREET ADDRESS *4205 Natchez Trace Drive*
CITY-ST-ZIP *Saint Cloud, FL 34769*

TITLE D ☒ Delete
NAME MARSDALE, DOUG
STREET ADDRESS 3917 NATCHEZ TRACE DRIVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE D *Fugate, Edna* ☒ Change ☐ Addition
NAME
STREET ADDRESS *4200 Natchez Trace Drive*
CITY-ST-ZIP *Saint Cloud, FL 34769*

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 REQUIRED

Tracy Reus 1/29/02 407-498-0871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)