

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90294 018 ****61.25

DOCUMENT # N43888

1. Entity Name

NATCHEZ TRACE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

4200 NATCHEZ TRACE DR.
ST. CLOUD FL 34769

Mailing Address

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



MOORE

CR2E037 (11/03)

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

CAMPBELL, JONI
4113 NATCHEZ TRACE DRIVE
SAINT CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

Darla Campbell

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

4109 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darla Campbell*

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

(NOTE: Registered Agent signature required when reinstating)

3/2/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMPBELL, DAN ☐ Delete
STREET ADDRESS 4109 NATCHEZ TRACE DRIVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE VD
NAME CUSAK, RON ☒ Delete
STREET ADDRESS 4209 NATCHEZ TRACE DR
CITY-ST-ZIP SAINT CLOUD FL 34769

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

TITLE TD
NAME CAMPBELL, JONI ☒ Delete
STREET ADDRESS 4113 NATCHEZ TRACE DRIVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE D
NAME FELICIANO, JOSE ☐ Delete
STREET ADDRESS 4219 NATCHEZ TRACE DRIVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME David Harrison ☒ Change ☐ Addition
STREET ADDRESS 4205 Natchez Trace Dr.
CITY-ST-ZIP St. Cloud, FL 34769

TITLE SD
NAME Jose Feliciano ☒ Change ☐ Addition
STREET ADDRESS 4219 Natchez Trace Dr.
CITY-ST-ZIP St. Cloud, FL 34769

TITLE TD
NAME Darla Campbell ☒ Change ☐ Addition
STREET ADDRESS 4109 Natchez Trace Dr.
CITY-ST-ZIP St. Cloud, FL 34769

TITLE D
NAME John Campbell ☒ Change ☐ Addition
STREET ADDRESS 4113 Natchez Trace Dr.
CITY-ST-ZIP St. Cloud, FL 34769

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Darla Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

407-951-8536

Daytime Phone #