2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N43888

Entity Name: NATCHEZ TRACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4200 NATCHEZ TRACE DR.
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

PO BOX 701313
SAINT CLOUD, FL 34772 US

New Mailing Address:

FEI Number: 59-3075671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, DARLA
4109 NATCHEZ TRACE DRIVE
SAINT CLOUD, FL 34769 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: SD ( ) Delete
Name: SHIELDS, FLORENCE A
Address: 4200 NATCHEZ TRACE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VD ( ) Delete
Name: FELICIANO, JOSE
Address: 4219 NATCHEZ TRACE DR.
City-St-Zip: SAINT CLOUD, FL 34769

Title: TD ( ) Delete
Name: CAMPBELL, DARLA
Address: 4109 NATCHEZ TRACE DR.
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete
Name: CAMPBELL, JOHN
Address: 4113 NATCHEZ TRACE DR.
City-St-Zip: SAINT CLOUD, FL 34769

Title: PD (X) Delete
Name: FUGATE, EDNA
Address: 4200 NATCHEZ TRACE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: FELICIANO, JOSE
Address: 4219 NATCHEZ TRACE DR.
City-St-Zip: SAINT CLOUD, FL 34769

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

Title: VD (X) Change ( ) Addition
Name: CHERYL, WIGGINS
Address: NATCHEZ TRACE DR.
City-St-Zip: SAINT CLOUD, FL 34769

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DARLA CAMPBELL TD 05/01/2006

Electronic Signature of Signing Officer or Director — Date