2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 03, 2014
Secretary of State

DOCUMENT# N43888

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

Current Principal Place of Business:

4219 NATCHEZ TRACE DRIVE
SAINT CLOUD, FL 34769

New Principal Place of Business:

4101 NATCHEZ TRACE DRIVE
SAINT CLOUD, FL 34769

Current Mailing Address:

4110 NATCHEZ TRACE DRIVE
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 59-3075671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELICIANO, JOSE M
4219 NATCHEZ TRACE DRIVE
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

HAUPT, STEVE
4101 NATCHEZ TRACE DRIVE
SAINT CLOUD, FL 34769 US

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: STEVE HAUPT 03/03/2014
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PS
Name: HAUPT, STEVE
Address: 4101 NATCHEZ TRACE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP
Name: CAMPBELL, JOHN
Address: 4113 NATCHEZ TRACE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: SS
Name: HAUPT, TERESA
Address: 4101 NATCHEZ TRACE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: TS
Name: CAMPBELL, DARLA
Address: 4109 NATCHEZ TRACE DRIVE
City-St-Zip: SAINT CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: STEVE HAUPT PS 03/03/2014
Electronic Signature of Signing Officer or Director Date