FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 27 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47446 (2)

1. Corporation Name

CHEMONIE TRACE PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
2024B N POINTE BLVD TALLAHASSEE FL 32308	2024B N POINTE BLVD TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1992
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-3154620 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2024 North Point Blvd.	26 2024 North Point Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL	28 City & State: Tallahassee, FL
24 Zip: 32308 25 Country: USA	29 Zip: 32308 30 Country: USA

9. Name and Address of Current Registered Agent

DAVIDSON, GLEN
2024B N POINTE BLVD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition: PD
NAME	DAVIDSON, GLEN	12 NAME	~~Davidson~~ Henson, Chester A.
STREET ADDRESS	12800 LAUREL HILL DR.	13 STREET ADDRESS	13000 Laurel Hill Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WILL, DOUGLAS	22 NAME	
STREET ADDRESS	12000 LAUREL HILL DR.	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☒ Change ☐ Addition: DS
NAME	HENSON, CHESTER A.	32 NAME	Coker, Susan
STREET ADDRESS	13000 LAUREL HILL DR.	33 STREET ADDRESS	2074 Thomasville Rd.
CITY-ST-ZIP	TALLAHASSEE FL 32308	34 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	T	41 TITLE	☒ Change ☐ Addition: T
NAME	HENSON, JEANIE	42 NAME	Will, Kathy O.
STREET ADDRESS	13000 LAUREL HILL DR.	43 STREET ADDRESS	12718 Laurel Hill Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32308	44 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	51 TITLE	☒ Change ☐ Addition: D
NAME	BROWN, JOHN	52 NAME	Davidson, Glen
STREET ADDRESS	903 TUNG HILL DR	53 STREET ADDRESS	12000 Laurel Hill Dr.
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027304