3-26-97 B-3645 C

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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N47446** **(2)**

1. Corporation Name

CHEMONIE TRACE PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
2024 NORTH POINT BLVD TALLAHASSEE FL 32308 US	2024 NORTH POINT BLVD TALLAHASSEE FL 32308-4119 US

3. Date Incorporated or Qualified: **02/19/1992**

3a. Date of Last Report: **02/28/1996**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILL, DOUG		1.2 NAME	
STREET ADDRESS	12718 LAUREL HILL DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HENSON, CHESTER A		2.2 NAME	
STREET ADDRESS	13000 LAUREL HILL DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, GLEN		3.2 NAME	
STREET ADDRESS	12800 LAUREL HILL DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILL, KATHY O		4.2 NAME	
STREET ADDRESS	12718 LAUREL HILL DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, GLEN		5.2 NAME	
STREET ADDRESS	12800 LAUREL HILL DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: Kathy O. Will, Treasurer 3/21/97 (904) 878-6820

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

0007613