SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 07 1998 8:00am
Secretary of State

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 US

3. Date Incorporated or Qualified: 02/19/1992
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	~~PD~~ PD	☐ Change ☒ Addition
NAME	WILL, DOUG		1.2 NAME	William Nicklas	
STREET ADDRESS	12718 LAUREL HILL DRIVE		1.3 STREET ADDRESS	3448 Welwyn Way	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HENSON, CHESTER A		2.2 NAME	Will, Doug	
STREET ADDRESS	13000 LAUREL HILL DR		2.3 STREET ADDRESS	12718 Laurel Hill Dr	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	DS	☒ DELETE	3.1 TITLE	DT	☐ Change ☒ Addition
NAME	DAVIDSON, GLEN		3.2 NAME	Davidson, Glen	
STREET ADDRESS	12800 LAUREL HILL DRIVE		3.3 STREET ADDRESS	12800 Laurel Hill Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee FL	
TITLE	T	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	WILL, KATHY O		4.2 NAME	Sandy Bellflower	
STREET ADDRESS	12718 LAUREL HILL DR		4.3 STREET ADDRESS	13234 Laurel Hill Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (5/98)

PE 8-7 Dep 01.25

14. 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 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: _____, DIR. 7-9-98 422-2577x216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #