2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N47446

1. Entity 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

DO NOT WRITE IN THIS SPACE

01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3154620

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, GLEN
2024B N POINTE BLVD
TALLAHASSEE, FL 32308

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NICKAS, WILLIAM
STREET ADDRESS	3448 WELWYN WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	HENSON, CHESTER A
STREET ADDRESS	13000 LAUREL HILL DR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	DT
NAME	DAVIDSON, GLEN
STREET ADDRESS	12800 LAUREL HILL DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	P
NAME	WILL, DOUG
STREET ADDRESS	12718 LAUREL HILL DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/04-80015-012 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glen Davidson 1/7/04 800-922-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #