

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90580 040 \*\*\*\*61.25

20037064



**DOCUMENT # N47446**  
 1. Entity Name  
**CHEMONIE TRACE PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
 2024 NORTH POINT BLVD  
 TALLAHASSEE, FL 32308 US

Mailing Address  
 2024 NORTH POINT BLVD  
 TALLAHASSEE, FL 32308 US

2. Principal Place of Business  
 13118 Laurel Hill Dr.  
 Tallahassee, FL 32308

3. Mailing Address  
 13118 Laurel Hill Dr.  
 Tallahassee, FL 32308

01122005 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

7. Name and Address of New Registered Agent

Name  
 Street Ad Thomas J. Moorhead  
 13118 Laurel Hill Dr.  
 City Tallahassee, FL 323008

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 *Thomas J. Moorhead* DATE *4/14/05*

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, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICKAS, WILLIAM 3448 WELWYN WAY TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, CHESTER A 13000 LAUREL HILL DR TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIDSON, GLEN 12800 LAUREL HILL DRIVE TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILL, DOUG 12718 LAUREL HILL DR TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas J. Moorhead 13118 Laurel Hill Dr. Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Wilbur F. Osburn, Jr. 1309 Laurel Hill Dr. Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jane Boerger 13234 Laurel Hill Dr. Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, in all other like empowered.

SIGNATURE: *W. Farney Osburn - Treasurer* DATE: *4/14/05*

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