## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47446

FILED Jul 03, 2008 Secretary of State

Entity Name: CHEMONIE TRACE PROPERTY OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 13234 LAUREL HILL DR TALLAHASSEE, FL 32309 US **Current Mailing Address: New Mailing Address:** 13234 LAUREL HILL DR TALLAHASSEE, FL 32309 US FEI Number: 59-3154620 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOERGER, JANE A NICKAS, WILLIAM N 13234 LAUREL HILL DR 13351 LÁUREL HILL DR. TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 US US 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. SIGNATURE: WILLIAM NICKAS 07/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SCOLES, WES Name: Name: Address: 4462 WHISPERING OAKS DR Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: () Delete Title: () Change () Addition CRUTCHFIELD, LISA Name: Name: Address: 4170 FAIRHILL WAY Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BOERGER, JANE A Name: NICKAS, WILLIAM N Name: 13234 LAUREL HILL DR 13351 LAUREL HILL DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM NICKAS SEC 07/03/2008