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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT			Apr 26, 2004 8:00 a
	DOCUMENT # N9400000269		Secretary of State
	1. Entity Name SPANISH TRACE ESTATES HOMEOWNERS'		04-26-2004 90553 046 ****61.25

	E I TRACE ESTATES HOMEO ITION, INC.	WNERS'			04-26-2004	1 90333 040	
Principal Place P O BOX 558 NAVARRE, FL	36	Mailing Address P O BOX 5586 NAVARRE, FL 32566	US				
2. Principal Pl	lace of Business	3. Mailing Address					
Suite, Apt.	#etc	Suite. Apt. #, etc	<u> </u>	01092004	Chg-NP	CR2E037 (10/0	3)
City & State	0	City & State	<	4. FEI Numbe 59-3259			Applied For Not Applicable
7in	Country	7in	Country	5. Certificate	of Status Desired	\$8.75 Fee Requ	Additional
	6. Name and Address of Current R	egistered Agent	Name	7. Name and	Address of New R	<del> </del>	
	SE, RAY O			Address (P.O. Box Number	r is Not Acceptable	<u> </u>	
SUITE 4	LA, FL 32503				'	<u>,                                      </u>	
2.10.100	J 1,1 2 02000		City			FL Zip C	ode
The above	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office o	r registered agent, or bot	n, in the State of Flo		ith, and accept
-	1						
	~						<del></del>
	Signature, typed or printed name of registered agent an			ture required when reinstating)	1.	DATE	
	Signature, typed or printed name of registered agent an Filling Fee Is \$61.25 Due by May 1, 2004		npaign Financing	\$5.00 May Bradded to Fees		DATE  Ale check payablida Department of	
0.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRE	9. Election Carr Trust Fund C	npaign Financing contribution.	S5.00 May Br Added to Fees ADDITIONS/CHA	Flori	lake check peyablida Department of	SIN 10
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4/23/04 Date