2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N94000000269

SPANISH TRACE ESTATES HOMEOWNERS'

ASSOCIATION, INC.



FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90274 010 ****61.25

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P O BOX 5586 P O		Mailing Address P O BOX 5586 NAVARRE, FL 32566	O BOX 5586		14010541 14001 14001 1400 140				
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03222005 C	hg-NP CR2E	037 (10/03)		
City & State		City & State	City & State		4. FEI Number 59-325998	30	<u> </u>	plied For of Applicable	
Zip	Zip Country		ip Country		5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	lress of New Registere	d Agent		
ETHERIDGE, RAY O				9					
	MITT BLVD		Stree	t Address	(P.O. Box Number is	Not Acceptable)			
PENSACOLA, FL 32503									
			City			F	Zip Cod	e ·	
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent.		s registered office			the State of Florida. I a		and accept	
	Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make check payable to Added to Fees Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP	PD CRUMP, FRED 3949 VIA CONQUISTADORES NAVARRE, FL 32566	☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	55			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEGUE, JOE 3028 VIA OCNQUISTADORES NAVARRE, FL 32566	Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	D 5001 301	tt McColutl 3 Via Conqu avarre, FL	n ustadoves 32566	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASCILLI, LAUREN 3044 VIA CONQUISTADORES NAVARRE, FL 32566	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	Tor 55 70=	ny Rood	ezade Vac	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIQUORI, VINCE 3029 VIA CONQUISTADORES GULF BREEZE, FL 32566	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	5 300 300		sko juistadoves	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	VD Am 703	u Emel	ibaza de Vi	□ Change	Addition	
TITLE		☐ Delete	TITLE				☐ Change	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, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROOFD NAME OF SIGNING OFFICER OR DIRECTOR