

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000269

FILED
Apr 20, 2009
Secretary of State

Entity Name: SPANISH TRACE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

908 GARDENGATE CIR
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

908 GARDENGATE CIR
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3259980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHERIDGE, RAY O
908 GARDENGATE CIR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, RON
Address: 7033 CALLE COBEZA DE VACA
City-St-Zip: NAVARRE, FL 32566

Title: VPRE () Delete
Name: STONE, DAVID
Address: 7071 CALLE HERNANDO DE SOTO
City-St-Zip: NAVARRE, FL 32566

Title: TRES () Delete
Name: GOOLSBY, KEVIN
Address: 3036 VIA CONQUISTADORES
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: GUYETTA, LEE
Address: 7005 CALLE CABEZA DE CACA
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: PERINOVIC, JOE
Address: 7009 CALLE CABEZA DE VACA
City-St-Zip: NAVARRE, FL 32566

Title: SEC (X) Delete
Name: BEGUE, JUDITH
Address: 3028 VIA CONQUISTA DORES
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, RON
Address: 7033 CALLE CABEZA DE VACA
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BEGUE, JUDITH
Address: 3028 VIA CONQUISTADORES
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Change () Addition
Name: HARRINGTON, MIKE
Address: 7059 CALLE PONCE DE LEON
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAY O. ETHERIDGE

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date