


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

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000739 1. Entity Name SOUTHERN TRACE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1 SOUTHERN TRACE BLVD ORMOND BEACH, FL 32174	Mailing Address P.O. BOX 730146 ORMOND BEACH, FL 32173
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DO NOT WRITE IN THIS SPACE



02202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3609471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, PETER C
16 SOUTHERN TRACE BLVD
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RILEY, PETE 16 SOUTHERN TRACE BLVD. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISLAND, JACK 20 SOUTHERN TRACE BLVD. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEDROSIAN, RICHARD 1 SOUTHERN TRACE BLVD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UZZINAY, JOE 9 SOUTHERN TRACE BLVD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, ROBERT E JR. 8 SOUTHERN TRACE BLVD. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENISE, RILEY 16 SOUTHERN TRACE BLVD. ORMOND BEACH, FL 32174

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02/25/05-80045-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

SIGNATURE: Denise M. Riley Denise M. Riley 2/23/05 386-605-0886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #