

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000739

FILED
Jan 04, 2007
Secretary of State

Entity Name: SOUTHERN TRACE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1 SOUTHERN TRACE BLVD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730146
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 59-3609471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, CHARLES
14 TRACEWAY CT
ORMOND BEACH, FL 32174 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: S () Delete
Name: FRANK, TED
Address: 18 SOUTHERN TRACE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: ETIENNE, ANNE MARIE
Address: 14 SOUTHERN TRACE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: NICHOLS, CHARLES
Address: 14 TRACEWAY CT.
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: UZSINAY, YOSI P
Address: 9 SOUTHERN TRACE BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: GILMORE, ROBERT E JR.
Address: 8 SOUTHERN TRACE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: UZSINAY, YOSI P
Address: 9 SOUTHERN TRACE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: JOULAE, BAHAM
Address: 12 SOUTHERN TRACE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change () Addition
Name: FRANK, TED
Address: 18 SOUTHERN TRACE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: YOSI UZSINAY

T

01/04/2007

Electronic Signature of Signing Officer or Director

Date