

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000739

FILED
Mar 07, 2009
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:

CASTALDI, STEVE
4 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: BAHRAM, JOULAE
Address: 12 SOUTHERN TRACE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: P () Delete
Name: CASTALDI, STEVE
Address: 4 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: BISLAND, JACK
Address: 20 SOUTHERN TRACE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: FRANK, SUSAN
Address: 18 SOUTHERN TRACE BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: SUSAN FRANK

T

03/07/2009

Electronic Signature of Signing Officer or Director

Date