

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90096 042 ****61.25

DOCUMENT # N96000000855

1. Entity Name
PARK TRACE ESTATES HOA, INC.



Principal Place of Business
LIGHTHOUSE MGMT & REALTY
16 CHURCH STREET
OSPREY, FL 34229

Mailing Address
LIGHTHOUSE MGMT & REALTY
16 CHURCH STREET
OSPREY, FL 34229

40100000



2. Principal Place of Business - No P.O. Box # Argus Property #118 2477 Stickney Point Rd Suite, Apt. #, etc. 2477 Stickney Point Rd City & State Sarasota, FL Zip 34231 Country US		3. Mailing Address #118 2477 Stickney Point Rd Suite, Apt. #, etc. #118A City & State Sarasota, FL Zip 34231 Country US	
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04272007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0804251
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EPPERLEY, MICHAEL
C/O LIGHTHOUSE MGMT.
16 CHURCH STREET
OSPREY, FL 34229

7. Name and Address of New Registered Agent

Name
Argus Property Mgmt.
Street Address (P.O. Box Number is Not Acceptable)
2477 Stickney Point Rd
#118A
City SARASOTA FL Zip Code 34231

I, 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: Stephanie Lane, Secretary 4/27/07
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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	EPPERLEY, MICHAEL	168 PARK TRACE BLVD.	OSPREY, FL 34229	<input checked="" type="checkbox"/>
ASD	KEITH, LLOYD J	16 CHURCH ST.	OSPREY, FL 34229	<input checked="" type="checkbox"/>
TD	CARTER, CASSANDRA	17+ PARK TRACE BLVD.	OSPREY, FL 34229	<input checked="" type="checkbox"/>
VPD	WILLMETH, BILL	154 WILLOW BEND WAY	OSPREY, FL 34229	<input checked="" type="checkbox"/>
SD	NICHOLLS, WAYNE	170 WILLOW BEND WAY	OSPREY, FL 34229	<input checked="" type="checkbox"/>
D	BANKEMPER, EDWARD	184 PARK TRACE BLVD	OSPREY, FL 34229	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VPD	Jon Sutter	833 Oak Briar	Osprey, FL 34229	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Sally McCurdy	128 Park Trace	Osprey, FL 34229	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Stephanie Lane	146 Willow Bend	Osprey, FL 34229	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Larry Mings	367 Park Trace Blvd	Osprey, FL 34229	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stephanie Lane, Secretary 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #