

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000005510

1. Entity Name
**APALACHEE TRACE HOMEOWNERS' ASSOCIATION,
INC.**



FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business
**P.O. BOX 1078
FORT WHITE, FL 32038-1078 US**

Mailing Address
**P.O. BOX 1078
FORT WHITE, FL 32038-1078 US**



07122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3428737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SEDELMAYER, MARILYN
558 S.W. APALACHEE TER
FORT WHITE, FL 32038**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	SEDELMAYER, MARILYN
NAME		558 S.W. APLACHEE TER
STREET ADDRESS		FORT WHITE, FL 32038
CITY-ST-ZIP		
TITLE	VPD	BLOM, SUSAN
NAME		1044 SW APPALACHEE TERR
STREET ADDRESS		FORT WHITE, FL 32038
CITY-ST-ZIP		
TITLE	T	SINOR, PATRICIA F
NAME		834 S.W. ROANOKE TER
STREET ADDRESS		FORT WHITE, FL 32038
CITY-ST-ZIP		
TITLE	S	ANDERSON, STEPHANIE
NAME		1936 SW HERLONG ST
STREET ADDRESS		FORT WHITE, FL 32038
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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07/16/08-80001-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Patricia F. Sinor 7-12-08 386-497-1502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #