

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 31, 2009  
Secretary of State**

DOCUMENT# N9600000510

Entity Name: APALACHEE TRACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 1078  
FORT WHITE, FL 320381078 US

**New Principal Place of Business:**

834 S.W. ROANOKE TER.  
FORT WHITE, FL 32038 US

**Current Mailing Address:**

P.O. BOX 1078  
FORT WHITE, FL 320381078 US

**New Mailing Address:**

FEI Number: 59-3428737      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SEDELMAYER, MARILYN  
558 S.W. APALACHEE TER  
FORT WHITE, FL 32038 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: P ( ) Delete  
Name: SEDELMAYER, MARILYN  
Address: 558 S.W. APLACHEE TER  
City-St-Zip: FORT WHITE, FL 32038

Title: VPD ( ) Delete  
Name: BLOM, SUSAN  
Address: 1044 SW APPALACHEE TERR  
City-St-Zip: FORT WHITE, FL 32038

Title: T ( ) Delete  
Name: SINOR, PATRICIA F  
Address: 834 S.W. ROANOKE TER  
City-St-Zip: FORT WHITE, FL 32038

Title: S ( ) Delete  
Name: ANDERSON, STEPHANIE  
Address: 1936 SW HERLONG ST  
City-St-Zip: FORT WHITE, FL 32038

**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  
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: PATRICIA F.SINOR

OFFI

01/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date