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NONPROFIT CORPORATION ANNUAL REPORT

1998

PENSACOLA FL 32514



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9700004190 (1)

SHADOW TRACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address 9680 SCENIC HWY BOX 18 9680 SCENIC HWY BOX 18 3. Date Incorporated or Qualified PENSACOLA FL 32514 PENSACOLA FL 32514 07/22/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes_ Personal Property Tax due June 30. 24 29 25 Name and Address of Current Registered Agent Name and Address of New Registered Agent Name JERNIGAN, LEONARD Street Address (P.O. Box Number is Not Acceptable) 8680 SCENIC HWY BOX 18

11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 617.0503. Florida Statutes.

City

| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | |
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| SIGNATURE Storature, typed or printed name of registered spent and liftle if applicable (NOTE: Registered Agent storature required when reinstating) DATE | | | | | |
| OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 0 | DELETE | 1.1 TITLE | | ☐ Change | Addition |
| REYNOLDS, DONALD A | | 1.2 NAME | | • | ļ |
| 86 MONARCH LANE | | 1.3 STREET ADDRESS | | | l, |
| PENSACOLA FL 32503 | | . 1.4 CITY-ST-ZIP | | | |
| D | DELETE | 2.1 TITLE | | Change | ☐ Addition |
| Jernigan, Leonard | | 2.2 NAME | | | |
| 8680 SCENIC HWY BOX 18 | | 2.3 STREET ADDRESS | | p 42 | 1 |
| PENSACOLA FL 32514 | | 2.4 CITY-ST-ZIP | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| _ | DELETE | 3.1 TITLE | | ☐ Change | Addition |
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| | | 6.3 STREET ADDRESS | | | Ì |
| | Ignature, typed or profed name of registered agent and title if applicable OFFICERS AND DIRECTORS D REYNOLDS, DONALD A 86 MONARCH LANE PENSACOLA FL 32503 D JERNIGAN, LEONARD 8680 SCENIC HWY BOX 18 PENSACOLA FL 32514 D NELSON, VERNER O JR 601 E BURGESS ROAD APT J-10 PENSACOLA FL 32514 | Ignature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS DELETE REYNOLDS, DONALD A 86 MONARCH LANE PENSACOLA FL 32503 D | Ignature, typed or profed name of registered agent and title if applicable OFFICERS AND DIRECTORS DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE DELETE 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS PENSACOLA FL 32514 DELETE DELETE DELETE 1.1 TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS PENSACOLA FL 32514 DELETE 3.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | OFFICERS AND DIRECTORS DELETE 13. ADDITIONS/CHANGES TO O DELETE 1.1 TITLE 1.2 NAME 48 MONARCH LANE PENSACOLA FL 32503 DELETE DELETE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS PENSACOLA FL 32514 DELETE DELETE 3.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE DELETE DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME | Delete D |

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on a statisfing it with an address.

SIGNATURE:

QUIR(-1) 3-//-

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FILED

May 13 1998 8:00am

Secretary of State

Zip Code