

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004190

FILED
Feb 23, 2010
Secretary of State

Entity Name: SHADOW TRACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2560 ECLIPSE LANE
PENSACOLA, FL 32514

New Principal Place of Business:

908 GARDENGATE CIRCLE
PENSACOLA, FL 32504

Current Mailing Address:

2560 ECLIPSE LANE
PENSACOLA, FL 32514

New Mailing Address:

908 GARDENGATE CIRCLE
PENSACOLA, FL 32504

FEI Number: 27-1127279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZEE, RICHARD
2560 ECLIPSE LANE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

ETHERIDGE, RAY O
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US

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: RAY O. ETHERIDGE

02/23/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: STEVINSON, SAM
Address: 2545 ECLIPSE LANE
City-St-Zip: PENSACOLA, FL 32514

Title: VPD
Name: PIERCE, GERRY
Address: 2549 ECLIPSE LANE
City-St-Zip: PENSACOLA, FL 32514

Title: TD
Name: FRAZEE, RICHARD
Address: 2560 ECLIPSE LANE
City-St-Zip: PENSACOLA, FL 32514

Title: SD
Name: BEARD, STEPHANIE
Address: 2525 ELIPSE LANE
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: RAY O. ETHERIDGE

RA

02/23/2010

Electronic Signature of Signing Officer or Director

Date