2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000443

Entity Name: HOMEOWNER'S OF OAK TRACE, INC.

FILED Jan 24, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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10469 S.W. 85 CT. OCALA, FL 344817795

Current Mailing Address: New Mailing Address:

P.O. BOX 76193 10469 SW 85TH CT. OCALA, FL 34481 OCALA, FL 34481

FEI Number: 59-3502217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KOSTIELNEY, DOROTHY KOSTIELNEY, DOROTHY 10463 SW 85TH CT 10483 SW 85TH CT OCALA, FL 34481 OCALA, FL 34481

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: DOROTHY KOSTIELNEY 01/24/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

OCALA, FL 34481

BINNIE, WENDY E

10469 SW 85 CT

OCALA, FL 34481

CONNOR, PATRICIA

10447 SW 85TH CT

OCALA, FL 34481

() Delete

(X) Delete

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete KOSTIELNEY, DOROTHY Name: Name: 10483 SW 85 CT Address: Address: City-St-Zip: OCALA, FL 34481 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition Name: MOORE, GRACE I Name: RIDDLE, GARY I Address: 10469 SW 85 CT. Address: 10443 SW 85TH COURT City-St-Zip: OCALA, FL 34481 City-St-Zip: OCALA, FL 34481 Title: () Delete Title: (X) Change () Addition BUFFINGTON, KAREN Name: BUFFINGTON, KAREN Name: 10469 SW 85TH CT Address: Address: 10435 SW 85TH CT City-St-Zip: OCALA, FL 34481 City-St-Zip: OCALA, FL 34481 Title: Title: (X) Change () Addition () Delete Name: RIDDLE, GARY Name: BINNIE, WENDY E Address: 10443 S.W. 85TH CI

10469 S.W. 85TH CT Address: City-St-Zip: OCALA, FL 34481

Title: (X) Change () Addition

GANZI, KAREN Name: 10451 SW 85 CT Address: City-St-Zip: OCALA, FL 34481

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WENDY E. BINNIE **TRES** 01/24/2006