

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000443

FILED
Apr 25, 2012
Secretary of State

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

Current Principal Place of Business:

10490 SW 85TH CT.
OCALA, FL 34481

New Principal Place of Business:

10448 SW 85TH CT.
OCALA, FL 34481

Current Mailing Address:

PO BOX 772421
OCALA, FL 34477 24

New Mailing Address:

PO BOX 772421
OCALA, FL 34477 US

FEI Number: 59-3502217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, CATHERINE M TR
10490 SW 85TH CT.
OCALA, FL 34481 US

Name and Address of New Registered Agent:

MAUREEN, CARROLL TR
10448 SW 85TH CT.
OCALA, FL 34481 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: MAUREEN CARROLL

04/25/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS.
Name: CARROLL, MAUREEN PRES
Address: 10448 SW 85TH COURT
City-St-Zip: OCALA, FL 34481 US

Title: MS.
Name: BRODEUR, BRODEUR T
Address: 10490 SW 85TH COURT
City-St-Zip: OCALA, FL 34481 US

Title: MS
Name: BRODEUR, ELLEN A SEC
Address: 10477 SW 85TH CT.
City-St-Zip: OCALA, FL 34481 US

Title: MS
Name: KAREN, SMITH D
Address: 10471 SW 85TH CT.
City-St-Zip: OCALA, FL 34481 US

Title: MS
Name: BUFFINGTON, KAREN D
Address: 10435 SW 85TH COURT
City-St-Zip: OCALA, FL 34481 US

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: MAUREEN CARROLL

PR

04/25/2012

Electronic Signature of Signing Officer or Director

Date