## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003034

FILED Jan 04, 2007 Secretary of State

Entity Name: OCEAN TRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

312 S OCEAN TRACE RD ST. AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

PO BOX 840008

ST. AUGUSTINE, FL 32080

FEI Number: 59-3532815 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:

NOBLE, JANIES N NOBLE, JAMES N

312 S OCEANS TRACE RD 312 S OCEAN TRACE RD

ST AUGUSTINE, FL 32080 US ST AUGUSTINE, FL 32080 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: JAMES N NOBLE 01/04/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: PREZ (X) Change ( ) Addition Name: DENNIS, EDWARD Name: DENNIS, EDWARD

Address: 352 S OCEAN TRACE RD Address: 352 S OCEAN TRACE RD City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: ST AUGUSTINE, FL 32080

Title: D ( ) Delete Title: VP (X) Change ( ) Addition Name: PEISSINGER, BOB Name: MINNICKS, JERRY

Name: PEISSINGER, BOB Name: MINNICKS, JERRY
Address: 362 S OCEAN TRACE RD Address: 313 S OCEAN TRACE RD
City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete Title: D (X) Change () Addition
Name: SNYDER, DUKE Name: BAUERS, THOMAS

Address: 304 S. OCEAN TRACE RD Address: 408 OCEAN BREEZE LANE City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete Title: TREA (X) Change () Addition

 Name:
 NOBLE, JAMES N
 Name:
 NOBLE, JAMES N

 Address:
 312 S OCEAN TRACE RD
 312 S OCEAN TRACE RD

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 City-St-Zip:
 ST. AUGUSTINE, FL 32080

Title: D ( ) Delete Title: SEC (X) Change ( ) Addition

Name: ROSOO, PAM Name: LIKE, ARLITA

 Address:
 202 N OCEAN TRACE RD
 Address:
 231 N OCEAN TRACE RD

 City-St-Zip:
 ST. AUGUSTINE, FL 32080
 City-St-Zip:
 ST. AUGUSTINE, FL 32080

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: JAMES N NOBLE TREA 01/04/2007

Electronic Signature of Signing Officer or Director

Date