

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90275 009 \*\*\*\*61.25

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04212005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N98000003756</b> 1. Entity Name <b>FOX TRACE COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>8625 SW 200TH CIRCLE DUNNELLON, FL 34431-5324</b>			Mailing Address <b>8625 SW 200TH CIRCLE DUNNELLON, FL 34431-5324</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3523488</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BERTOCH, CARL A 7655 W GULF TO LAKE HWY #13 CRYSTAL RIVER, FL 34429</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WADLE, RON</b>		NAME		
STREET ADDRESS	<b>8625 SW 200TH CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DUNNELLON, FL 344315324</b>		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>OUTLAND, JERRY</b>		NAME	<b>SD JONES, JIM</b>	
STREET ADDRESS	<b>8625 SW 200TH CIRCLE</b>		STREET ADDRESS	<b>8625 SW 200TH CIRCLE</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 344315324</b>		CITY-ST-ZIP	<b>DUNNELLON, FL 34431-5324</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BULSON, AL</b>		NAME		
STREET ADDRESS	<b>8625 SW 200TH CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DUNNELLON, FL 344315324</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASSANET, ANTHONY J</b>		NAME		
STREET ADDRESS	<b>8625 SW 200TH CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DUNNELLON, FL 344315324</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WHITE, DIANE</b>		NAME		
STREET ADDRESS	<b>8625 SW 200 CIR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DUNNELLON, FL 344315324</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:			<b>4/21/05</b> (352) 489-9152		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		