

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90012 005 \*\*\*\*61.25

<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 <b>PO Box 1394</b>		3. Mailing Address <b>PO Box 1394</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DUNNELLON FL</b>		City & State <b>DUNNELLON FL</b>	
Zip <b>344301394</b>		Zip <b>344301394</b>	
Country		Country	
4. FEI Number <b>59-3523488</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BERTOCH, CARLA 7655 W GULF TO LAKE HWY #13 CRYSTAL RIVER, FL 34429</b>		7. Name and Address of New Registered Agent  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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADLE, RON 8625 SW 200TH CIRCLE DUNNELLON, FL 344315324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADLE, RONALD PO BOX 1394 DUNNELLON, FL 344301394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, JIM 8625 SW 200TH CIRCLE DUNNELLON, FL 344315324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JAMES PO BOX 1394 DUNNELLON, FL 344301394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULSON, AL 8625 SW 200TH CIRCLE DUNNELLON, FL 344315324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BULSON, ALBIN PO BOX 1394 DUNNELLON, FL 344301394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSANET, ANTHONY J 8625 SW 200TH CIRCLE DUNNELLON, FL 344315324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERDA, JACK PO BOX 1394 DUNNELLON, FL 344301394 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, DIANE 8625 SW 200 CIR. DUNNELLON, FL 344315324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, DIANE PO BOX 1394 DUNNELLON, FL 344301394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, RICHARD PO BOX 1394 DUNNELLON, FL 344301394 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b>		<b>Albin E. Bulson</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>01/19/06</b> Daytime Phone # <b>352-489-2916</b>	