

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003756

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** FOX TRACE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

SW 84TH PLACE  
SW 86TH LANE  
DUNNELLON, FL 34432

**New Principal Place of Business:**

**Current Mailing Address:**

POB 1394  
DUNNELLON, FL 344301394 US

**New Mailing Address:**

**FEI Number:** 59-3523488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEFFIELD, LISA  
SHEFFIELD BUSINESS SERVICES  
20170 E. PENNSYLVANIA AVE.  
DUNNELLON, FL 34432 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WADLE, RONALD  
Address: POB 1394  
City-St-Zip: DUNNELLON, FL 344301394

Title: D  
Name: MILLER, BONNIE  
Address: POB 1394  
City-St-Zip: DUNNELLON, FL 344301394

Title: T  
Name: BULSON, ALBIN  
Address: POB 1394  
City-St-Zip: DUNNELLON, FL 344301394

Title: SD  
Name: MERDA, JACK  
Address: POB 1394  
City-St-Zip: DUNNELLON, FL 344301394

Title: VD  
Name: WHITE, DIANE  
Address: POB 1394  
City-St-Zip: DUNNELLON, FL 344301394

Title: D  
Name: SCHAEFER, RICHARD  
Address: POB 1394  
City-St-Zip: DUNNELLON, FL 344301394

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: ALBIN BULSON

T

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date