


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90140 044 ****70.00

DOCUMENT # N99000004290			
1. Entity Name APACHE TRACE AND SEMINOLE SAND HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3002 CHARLIE TAYLOR RD PLANT CITY FL 33565		Mailing Address 3002 CHARLIE TAYLOR RD PLANT CITY FL 33565	
2. Principal Place of Business 713 Seminole Sand Rd		3. Mailing Address 16703 SW 144th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plant City, Florida		City & State Brooker Florida	
Zip 33566		Country USA	
Country USA		Country USA	
4. FEI Number 59-3657359		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, DAVID J 713 SEMINOLE SAND ROAD PLANT CITY FL 33566		7. Name and Address of New Registered Agent Name Rev. David J. Porter Street Address (P.O. Box Number is Not Acceptable) 16703 SW 144th Ave City Brooker FL Zip Code 32622	
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 <u>Rev. David J. Porter, President / Director</u> DATE <u>May 01, 2003</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PORTER, DAVID J 713 SEMINOLE SAND ROAD PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COTHRON, HAYWARD 710 SEMINOLE SAND ROAD PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTHRON, GAIL 710 SEMINOLE ROAD PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISCHER, JAMES E 715 BURNING ARROW PL PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFIELD, SOLOMON 714 SEMINOLE SAND ROAD PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, LUIS 701 BURNING ARROW PL PLANT CITY FL 33566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rev. David J. Porter / Rev. David J. Porter DATE May 01, 2003 **505-1771** (813)

CR2E037 (10/02)