## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000052831

Entity Name: SPANISH TRACE APARTMENTS, INC.

FILED Apr 20, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
220 N. MAI GAINESVII	IN ST LLE, FL 3260 <sup>,</sup>	1 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P O BOX 13116 GAINESVILLE, FL 32604 US		220 N. MAIN ST GAINESVILLE, FL 32601 US			
FEI Number:	59-3454895	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
220 NORT	NATHAN S H MAIN ST LLE, FL 3260′	1 US			
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered A	gent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete COLLIER, NATHAN S 220 N. MAIN ST GAINESVILLE, FL 32601		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ss: 220 N. MAIN ST		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN S. COLLIER, PRESIDENT PD 04/20/2009