

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10052

Entity Name: SPANISH TRACE PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**7430 NW 45TH TERRACE
CHIEFLAND, FL 32626**Current Mailing Address:**P O BOX 2296
CHIEFLAND, FL 32644**FEI Number:** 59-3718524**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUCAS, MARIE
4970 N.W. 73RD STREET
CHIEFLAND, FL 32626 US*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:** MARIE LUCAS

01/16/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name PICKARD, DONNIE
Address 7351 NW 45TH TERRACE
City-State-Zip: CHIEFLAND FL 32626

Title S
Name PICKLESIMER, ALAN
Address 7561 NW 45TH TERR
City-State-Zip: CHIEFLAND FL 32626

Title T
Name LUCAS, MARIE
Address 4970 N.W. 73RD STREET
City-State-Zip: CHIEFLAND FL 32626

Title P
Name WAIN, JOSEPH
Address 7430 NW 45TH TERRACE
City-State-Zip: CHIEFLAND FL 32626

Title V
Name ZAHN, ELAINE
Address 7861 N.W. 45 TER.
City-State-Zip: CHIEFLAND FL 32626

Title D
Name CARROLL, JANICE
Address 4851 NW 80TH STREET
City-State-Zip: CHIEFLAND FL 32626

Title DIRECTOR
Name PICKLESIMER, DEBBIE
Address 7561 NW 45TH TERR
City-State-Zip: CHIEFLAND FL 32626

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: MARIE LUCAS

TREASURER

01/16/2015

Electronic Signature of Signing Officer/Director Detail

Date