2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N95000003888

Entity Name: OAK TRACE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1956 BORDER AVENUE
INVERNESS, FL 34450

New Principal Place of Business:

3833 E, OAK TRACE PATH
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 518
INVERNESS, FL 34451

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAUFMAN, FLORENCE
1956 BORDER AVENUE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

KAUFMAN, FLORENCE
3833 E. OAK TRACE PATH
INVERNESS, FL 34452 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: 04/28/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KAUFMAN, FLORENCE
Address: 1956 BORDER AVENUE
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: CHERNICH, CHERISE
Address: 3624 E COUNTRYSIDE DR
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete
Name: CHERNICH, JAMES
Address: 3624 E COUNTRYSIDE DR
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KAUFMAN, FLORENCE
Address: 3833 E. OAK TRACE PATH
City-St-Zip: INVERNESS, FL 34452

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FLORENCE KAUFMAN DIR 04/28/2005
Electronic Signature of Signing Officer or Director Date