

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# N95000003888

Entity Name: OAK TRACE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3833 E, OAK TRACE PATH  
INVERNESS, FL 34452

**New Principal Place of Business:**

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE KAUFMAN

Electronic Signature of Signing Officer or Director

DIRE

05/01/2006

Date