2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003888

FILED May 03, 2004 Secretary of State

Entity Name: OAK TRACE PROPERTY OWNERS ASSOCIATION, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
	RDER AVENUE ESS, FL 34450	
Current N	Mailing Address:	New Mailing Address: For () FEI Number Not Applicable (X) Certificate of Status Desired ()
P.O. BOX INVERNE	(518 ESS, FL 34451	
FEI Numbe	r: FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1956 BOF	N, FLORENCE RDER AVENUE	
	ESS, FL 34450 US e named entity submits this statement for th	e purpose of changing its registered office or registered agent, or bo
The above in the Stat	e named entity submits this statement for th te of Florida.	e purpose of changing its registered office or registered agent, or bo
The above in the Stat	e named entity submits this statement for th te of Florida. JRE:	
The above in the Stat SIGNATU	e named entity submits this statement for the te of Florida. JRE: Electronic Signature of Registered A	Agent Date
The above in the Stat SIGNATU	e named entity submits this statement for th te of Florida. JRE:	
The above in the Stat SIGNATU	e named entity submits this statement for the te of Florida. JRE: Electronic Signature of Registered / RS AND DIRECTORS: D () Delete KAUFMAN, FLORENCE 1956 BORDER AVENUE	Agent Date
The above in the State SIGNATU OFFICER Title: Name: Address:	e named entity submits this statement for the te of Florida. JRE: Electronic Signature of Registered A RS AND DIRECTORS: D () Delete KAUFMAN, FLORENCE 1956 BORDER AVENUE INVERNESS, FL 34450 D () Delete CHERNICH, CHERISE 3624 E COUNTRYSIDE DR	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address:

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 D 05/03/2004