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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736442 (5)

1. Corporation Name

HAPPY TRAILS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 NORTH EOLA DRIVE P.O. BOX 2809 ORLANDO FL 32802-2809	215 NORTH EOLA DRIVE P.O. BOX 2809 ORLANDO FL 32802-2809

3. Date Incorporated or Qualified: 07/23/1976
3a. Date of Last Report: 05/28/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2956369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LANE, JOSEPH A.
215 NORTH EOLA DRIVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEST, JACK		1.2 NAME		
STREET ADDRESS	8178 HAPPY TRAILS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HENLINE, JOHN		2.2 NAME		
STREET ADDRESS	8101 KEEFER TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☑ Change ☒ Addition
NAME	REUBELT, DONNA		3.2 NAME	DOTTY HARGROVE	
STREET ADDRESS	230 PALOHEE TRAIL		3.3 STREET ADDRESS	850 HARGROVE	
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	KISSIMMEE, FL	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KILEEN, JULIE		4.2 NAME	JON FOSTER	
STREET ADDRESS	8331 CHOCTAW TRAIL		4.3 STREET ADDRESS	1900 GOODMAN RD	
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP	KISSIMMEE, FL	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEE, BILL		5.2 NAME		
STREET ADDRESS	55 GOODMAN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4/28/97