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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

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HAPPY TRAILS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place	e of Business	Ma	ailing Address			$\neg \uparrow$		i figh bha h bi		HAN UUNA HUU
215 NORTH EOLA DRIVE P.O. BOX 2809 ORLANDO FL 32802-9809		P.O	215 NORTH EOLA DRIVE P.O. BOX 2809 ORLANDO FL 32802-2809							-
							3. Date Incorporated or Qualified 07/23/1976	່ 3a. ບ	ate of Last 6 05/28/19	
2. Principal Place of Business 21		·	2a. Mailing Address 26				4. FEI Number 59-2956369	,, <u>-</u>		pplied For ot Applicable
Sulte, Apt. #, etc.		20	Suite, Apt. #, etc.							Additional
22		27	27				5. Certificate of Status Desired	Ш		lequired
City & State			City & State				6. Election Campaign Financing	_	\$5.00	May Be
23	- Country	28			· .		Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation has liability for		_	s. 199.032,
24	25 9. Name and Address	of Current Regist	tered Agent	30			Fiorida Statutes O. Name and Address of New R		L No Agent	
····	****	<u> </u>			81 Name	· · · · · · · · · · · · · · · · · · ·			**************************************	
LANE. JO	OSEPH A.				82 Street	Addross	(P.O. Box Number is Not Accepta	- 5.15.1		
215 NORTH EOLA DRIVE					82 511861	Address	(P.O. Box Number is Not Accepte	abiei		
	O FL 32801				83					
					84 City				85 Zip	Code
					' '			FL	. ^	
11. Pursuant to office or re	to the provisions of Section ealstered agent, or both, in	is 617.0502 and 61 I the State of Floric	17,1508, Florida Sta da. Such change w	atutes, the al as authorize	oove-named d by the cor.	corpora oration	ition submits this statement for the s board of directors. I hereby acce	purpose o	of changing incomment as	its registered s realstered
agent. I a	m familiar with, and accept	the obligations of	, Section 617.0503	, Florida Stat	utes.	P • • • • • • • • • • • • • • • • • • •	* ***** * · ****** · · · · · · · · · ·	olo: :::: -:-!-!		108
SIGNATURE _	Signature, typed or printed name of r	ocietered anent and title	V applicable	(NO1E: Registere	Anoni signature	o reculred w	han sainglation)	DATE		
	Signature, typeo or printed name or .	edistered affect and two	парричание.	(NUTE Opposition	I Мусин Бурнана н	e ioquirou ii		LOUIS		
12.	OFFI	CERS AND DIREC	TORS	13.		-	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
12.	OFFI	CERS AND DIREC	CTORS DELETE	13.		 			D DIRECTO: Change	RS IN 12
	·	CERS AND DIREC		13.	TLE	<u>-</u>				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Best, Jack 8178 Happy Trails Kissimmee Fl	· · · · · · · · · · · · · · · · · · ·	☐ DELETÉ	13. 1.1 Te 1.2 No 1.3 St 1.4 Ce	TLE AME FIEET ADDRESS TY-ST-ZIP				Change	☐ Addition
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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.