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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736442 (5)

1. Corporation Name
HAPPY TRAILS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 215 NORTH EOLA DRIVE P.O. BOX 2809 ORLANDO FL 32802-9809	Mailing Address 215 NORTH EOLA DRIVE P.O. BOX 2809 ORLANDO FL 32802-9809
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/23/1976
4. FEI Number 59-2956369
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ 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 _____ (NOTE: Registered Agent signature required when relating) DATE _____

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	D ROBERT SANTOS
STREET ADDRESS	8178 HAPPY TRAILS RD	1.3 STREET ADDRESS	305 HARGROVE LN.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	KISSIMMEE FL
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	HENLINE, JOHN	2.2 NAME	D TOM BLANEY
STREET ADDRESS	8101 KEEPER TRAIL	2.3 STREET ADDRESS	8096 KEEPER TR.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	KISSIMMEE FL
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARGROVE, DOTTY	3.2 NAME	
STREET ADDRESS	250 HARGROVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, JON	4.2 NAME	
STREET ADDRESS	1900 GOODMAN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
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	

14. I 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 *[Signature]* **JANUARY 1998** **2-8-98** **402-396-4124**

CR2E037 (10/97)