FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90130 020 ****61.50

0016558

* " 492257 - 90130 - 20

DOCUMENT # 736442

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 32802-9809	215 NORTH EOLA DRIVE P.O. BOX 2809 ORLANDO FL 32802-9809

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/23/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2956369 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☒ DELETE	1.1 TITLE	T.D. ☐ Change ☒ Addition
NAME	ROBERT SANTOS		1.2 NAME	RICHARD LAWRENCE
STREET ADDRESS	305 HARGROVE LN		1.3 STREET ADDRESS	2941 PEMBRIDGE ST
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	KISSIMMEE, FL. 34747
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	V.P. ☐ Change ☒ Addition
NAME	HARGROVE, DOTTY		3.2 NAME	KAREN ADAIR
STREET ADDRESS	250 HARGROVE		3.3 STREET ADDRESS	8178 HAPPY TRAIL
CITY-ST-ZIP	KISSIMMEE FL		3.4. CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	FOSTER, JON		4. 2 NAME	PRESIDENT - DIRECTOR
STREET ADDRESS	1900 GOODMAN RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TOM BLANEY		5.2 NAME	
STREET ADDRESS	8096 KEEFER TR		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 (11/98)

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, with all other like empowered.

407-396-4174

SIGNATURE: SIGNATURE REQUIRED JOHN HENLINE 4-19-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #