

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736442

1. Entity Name

HAPPY TRAILS PROPERTY OWNERS ASSOCIATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90090 040 ****61.25

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 32802-2809

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2956369**
Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE, RICHARD 2941 PEMBRIDGE ST KISSIMMEE FL 34747	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENLINE, JOHN 8101 KEEFER TRAIL KISSIMMEE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAIR, KAREN 8178 HAPPY TRAIL KISSIMMEE FL 34747	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOSTER, JON 1900 GOODMAN RD KISSIMMEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM BLANEY 8096 KEEFER TR KISSIMMEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Glenn Bynes 8151 Happy Trail Kissimmee, FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dale Boyd 8708 Cherokee Tr Kissimmee, FL	Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ina Edder 8260 Wildwood Tr. Kissimmee, FL	Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dabbie Henline 8101 KEEFER TR Kissimmee, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ina Edder 4/30/00 407-975-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)