# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 29, 2002 8:00 am**
**Secretary of State**
05-29-2002 90712 011 ****61.25

DOCUMENT # 736442

1. Entity Name

HAPPY TRAILS PROPERTY OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 215 NORTH EOLA DRIVE<br>P.O. BOX 2809<br>ORLANDO FL 32802-9809 | 215 NORTH EOLA DRIVE<br>P.O. BOX 2809<br>ORLANDO FL 32802-9809 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LANE, JOSEPH A.<br>215 NORTH EOLA DRIVE<br>ORLANDO FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | Change / Addition |
| TITLE | D | ☒ | TITLE | D | ☐ ☒ |
| NAME | BYNES, GLENN | | NAME | WAYNE BOMSTAD | |
| STREET ADDRESS | 8151 HAPPY TRAILS | | STREET ADDRESS | 250 ARAPHAO TRAIL | |
| CITY-ST-ZIP | KISSIMMEE FL 34747 | | CITY-ST-ZIP | KISSIMMEE, FL 34747-1518 | |
| TITLE | PD | ☒ | TITLE | D | ☐ ☒ |
| NAME | HARGROVE, DOROTHY W | | NAME | JEAN STYLES | |
| STREET ADDRESS | 250 HARGROVE LANE | | STREET ADDRESS | 7799 STYLES BLVD. | |
| CITY-ST-ZIP | KISSIMMEE FL 34747 | | CITY-ST-ZIP | KISSIMMEE, FL 34747-1657 | |
| TITLE | D | ☐ | TITLE | VD | ☒ ☐ |
| NAME | DURHAM, DAVID S | | NAME | DAVID DURHAM | |
| STREET ADDRESS | 481 PINEVIEW TRAIL | | STREET ADDRESS | 481 PINEVIEW TRAIL | |
| CITY-ST-ZIP | KISSIMMEE FL 34747 | | CITY-ST-ZIP | KISSIMMEE, FL 34747 | |
| TITLE | VD | ☐ | TITLE | PD | ☒ ☐ |
| NAME | BREEDEN, LISE | | NAME | LISE BREEDEN | |
| STREET ADDRESS | 1100 N GOODMAN RD | | STREET ADDRESS | 1100 N. GOODMAN RD | |
| CITY-ST-ZIP | KISSIMMEE FL 34747 | | CITY-ST-ZIP | KISSIMMEE, FL 34747 | |
| TITLE | D | ☒ | TITLE | D | ☐ ☒ |
| NAME | TOM BLANEY | | NAME | MIKE FLYNN | |
| STREET ADDRESS | 8096 KEEFER TR | | STREET ADDRESS | 400 ARAPAHO TRAIL | |
| CITY-ST-ZIP | KISSIMMEE FL | | CITY-ST-ZIP | KISSIMMEE, FL 34747-1518 | |
| TITLE | | ☐ | TITLE | | ☐ ☐ |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

CR2E037 (9/01)

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:** LISE L. BREEDEN PRESIDENT 4/22/02 407 787 0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #