2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004
Secretary of State

DOCUMENT# 736442

Entity Name: HAPPY TRAILS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1633 EAST VINE ST
110
KISSIMMEE, FL 34744

New Principal Place of Business:

101 PARK PLACE BOULEVARD
2
KISSIMMEE, FL 34741

Current Mailing Address:

1633 EAST VINE ST
110
KISSIMMEE, FL 34744

New Mailing Address:

101 PARK PLACE BOULEVARD
2
KISSIMMEE, FL 34741

FEI Number: 59-2956369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LELAND MGMT. INC
1633 E. VINE STREET STE 110
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

ASSOCIATED MANAGEMENT GROUP
101 PARK PLACE BOULEVARD
KISSIMMEE, FL 34741 US

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: JON M. FOSTER 07/09/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CRAMP, DAVID W
Address: 1091 PINE VIEW TRAIL
City-St-Zip: KISSIMMEE, FL 34747

Title: D ( ) Delete
Name: BERTRAND, ROBERT A
Address: 8795 MERCHAN TRAIL
City-St-Zip: KISSIMMEE, FL 34747

Title: VD ( ) Delete
Name: DURHAM, DAVID S
Address: 481 PINEVIEW TRAIL
City-St-Zip: KISSIMMEE, FL 34747

Title: PD (X) Delete
Name: BREEDEN, LISE
Address: 1100 N GOODMAN RD
City-St-Zip: KISSIMMEE, FL 34747

Title: D (X) Delete
Name: FLYNN, MIKE
Address: 400 ARAPAHO TRAIL
City-St-Zip: KISSIMMEE, FL 347471518

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FOSTER, JON M
Address: 1900 NORTH GOODMAN ROAD
City-St-Zip: KISSIMMEE, FL 34747

Title: VD (X) Change ( ) Addition
Name: EDWARDS-DIAZ, JANICE
Address: 8075 KEEFER TRAIL
City-St-Zip: KISSIMMEE, FL 34747

Title: D (X) Change ( ) Addition
Name: LEE, WILLIAM E
Address: 55 NORTH GOODMAN ROAD
City-St-Zip: KISSIMMEE, FL 34747

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON M. FOSTER PD 07/09/2004
Electronic Signature of Signing Officer or Director Date