

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736442

FILED
Apr 27, 2007
Secretary of State

Entity Name: HAPPY TRAILS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE BOULEVARD
SUITE 2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BOULEVARD
SUITE 2
KISSIMMEE, FL 34741

New Mailing Address:

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

Name and Address of Current Registered Agent:

ASSOCIATED MANAGEMENT GROUP
101 PARK PLACE BOULEVARD
SUITE 2
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D () Delete
Name: HARGROVE, DOROTHY
Address: 250 HARGROVE LANE
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: LEHEELEY, BERTRAND
Address: 8750 RENS TRAIL
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RICCARDI, PAUL
Address: 751 NORTH GOODMAN ROAD
City-St-Zip: KISSIMMEE, FL 34747

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

Title: PD (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 exemption stated in Chapter 119, 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: WILLIAM E. LEE

PD

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date