


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90017 005 \*\*\*\*61.25

<b>DOCUMENT # 736442</b> 1. Entity Name <b>HAPPY TRAILS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>101 PARK PLACE BOULEVARD SUITE 2 KISSIMMEE, FL 34741</b>			Mailing Address <b>101 PARK PLACE BOULEVARD SUITE 2 KISSIMMEE, FL 34741</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2956369</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ASSOCIATED MANAGEMENT GROUP 101 PARK PLACE BOULEVARD SUITE 2 KISSIMMEE, FL 34741</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <input type="checkbox"/> Delete NAME <b>FOSTER, JON M</b> STREET ADDRESS <b>1900 NORTH GOODMAN ROAD</b> CITY-ST-ZIP <b>KISSIMMEE, FL 34747</b>			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Paul Riccardi</b> STREET ADDRESS <b>751 N Goodman Rd</b> CITY-ST-ZIP <b>KISS FL 34747</b>		
TITLE <input type="checkbox"/> Delete NAME <b>EDWARDS DIAZ, JANICE</b> STREET ADDRESS <b>8075 KEEFER TRAIL</b> CITY-ST-ZIP <b>KISSIMMEE, FL 34747</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>STEVE CURTIS</b> STREET ADDRESS <b>750 N Goodman</b> CITY-ST-ZIP <b>KISS FL 34747</b>		
TITLE <input type="checkbox"/> Delete NAME <b>LEE, WILLIAM E</b> STREET ADDRESS <b>55 NORTH GOODMAN ROAD</b> CITY-ST-ZIP <b>KISSIMMEE, FL 34747</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>TREASURER</b>		
TITLE <input type="checkbox"/> Delete NAME <b>HARGROVE, DOROTHY</b> STREET ADDRESS <b>250 HARGROVE LANE</b> CITY-ST-ZIP <b>KISSIMMEE, FL 34747</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Tom Bonzi</b> STREET ADDRESS <b>8500 Osage Trail</b> CITY-ST-ZIP <b>Kissimmee, FL 34747</b>		
TITLE <input type="checkbox"/> Delete NAME <b>LEHEELEY, BERTRAND</b> STREET ADDRESS <b>8750 RENS TRAIL</b> CITY-ST-ZIP <b>KISSIMMEE, FL 34747</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>DIRECTOR</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01302006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2956369

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

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. I am familiar with, and accept the obligations of registered agent.

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Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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Make check payable to Florida Department of State

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SIGNATURE: \_\_\_\_\_  
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