NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90172 015 ****61.25

DOCUMENT # 736442

1. Entity Name
HAPPY TRAILS PROPERTY OWNERS ASSOCIATION, INC.

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2. Principal Place of Business	3. Mailing Address
1633 EAST VINE ST	1633 EAST VINE ST
Suite, Apt. #, etc. # 110	Suite, Apt. #, etc. # 110
City & State KISSIMMEE FL	City & State KISSIMMEE FL
Zip 34744 Country USA	Zip 34744 Country USA

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

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

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7. Name and Address of Current Registered Agent

Name LELAND MANAGEMENT INC

Street Address (P.O. Box Number is Not Acceptable) 1633 E. VINE STREET, SUITE 110

City KISSIMMEE FL Zip Code 34744

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

FEE IS $61.25 Initial or Amended UBR

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	PD
NAME	Lise L. Breeden
STREET ADDRESS	1100 Goodman Road
CITY-ST-ZIP	Kissimmee, FL 34747
TITLE	VPD
NAME	David S. Durham
STREET ADDRESS	481 Pine View Trail
CITY-ST-ZIP	Kissimmee, FL 34747
TITLE	TD
NAME	Michael G. Flynn
STREET ADDRESS	400 Arapaho Trail
CITY-ST-ZIP	Kissimmee, FL 34747
TITLE	D
NAME	David W. Cramp
STREET ADDRESS	1091 Pine View Trail
CITY-ST-ZIP	Kissimmee, FL 34747
TITLE	D
NAME	Robert A. Bertrand
STREET ADDRESS	8795 Merchan Trail
CITY-ST-ZIP	Kissimmee, FL 34747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lise L. Breeden 4/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #