

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# 751907

Entity Name: EIGHTEEN SEVENTY-TWO SOUTH TRAIL, INC.

**Current Principal Place of Business:**

1872 S TRAIL, STE D  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

1872 S TRAIL, STE D  
VENICE, FL 34293

**New Mailing Address:**

FEI Number: 59-2223519      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERG, SKIP  
1872 S TRAIL, STE D  
VENICE, FL 33595      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:            PTD            ( ) Delete  
Name:            BERG, SKIP,  
Address:        1872 S TAMIAMI TRAIL, STE D  
City-St-Zip:    VENICE, FL      00000,

Title:            VD            ( ) Delete  
Name:            HALE, LARRY  
Address:        188 KING PALM CT  
City-St-Zip:    VENICE, FL 34292

Title:            D            ( ) Delete  
Name:            PATNICK, IRMA  
Address:        7472 DICKENS DRIVE  
City-St-Zip:    SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: SKIP BERG

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PTD

03/20/2009

\_\_\_\_\_ Date