2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 761018

1. Entity Name
BRIDLE TRAIL ESTATES LOT OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
17167 SE 104TH AVE. SUMMERFIELD, FL 34491	17167 SE 104TH AVE. SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

D1D72006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2638914
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLINE, GLENN M
17178 S.E. 101 AVE. RD.
SUMMERFIELD, FL 34491

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revoking) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	KLINE, GLEN M
STREET ADDRESS	17178 SE 101 AVE. RD.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	VPD
NAME	DILL, WALLACE W
STREET ADDRESS	10101 SE 170 LN.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	SD
NAME	ROMAINE, ROBIN
STREET ADDRESS	17140 SE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	TR
NAME	MEYER, WILLIS
STREET ADDRESS	17288 SE 101 AVE. RD.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100001436416
03/16/06 00027-024 61.25

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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: _____ 3-2-06 3522450453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #