## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#761018** 

FILED Jul 11, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

17167 SE 104TH AVE. SUMMERFIELD, FL 34491

Current Mailing Address: New Mailing Address:

17167 SE 104TH AVE. SUMMERFIELD, FL 34491

FEI Number: 59-2638914 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KLINE, GLENN M
17178 S.E. 101 AVE. RD.
SUMMERFIELD, FL 34491 US
LEPORE, PATRICIA J
10201 S.E. 170TH PLACE
SUMMERFIELD, FL 34491 US

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: PATRICIA J LEPROE 07/11/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 KLINE, GLEN M
 Name:
 LEPORE, PATRICIA J

 Address:
 17178 SE 101 AVE. RD.
 Address:
 10201 S.E. 170TH PLACE

Address: 17178 SE 101 AVE. RD. Address: 10201 S.E. 170TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: SUMMERFIELD, FL 34491

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: DILL, WALLACE W Name: SPENCE, JUDD

 Address:
 10101 SE 170 LN.
 Address:
 10372 S.E. 170TH PLACE

 City-St-Zip:
 SUMMERFIELD, FL 34491
 City-St-Zip:
 SUMMERFIELD, FL 34491

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 ROMAINE, ROBIN
 Name:
 ROARK, RENAY

 Address:
 17140 SE
 Address:
 10303 S.E. 172ND LANE

 City-St-Zip:
 SUMMERFIELD, FL 34491
 City-St-Zip:
 SUMMERFIELD, FL 34491

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: PATRICIA J LEPORE PD 07/11/2009