2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 768733

Entity Name: OAK TRAIL ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PAUL JASIORKOWSKI
5861 NW 96TH LANE
OCALA, FL 344827328 US

New Principal Place of Business:

Current Mailing Address:

PAUL JASIORKOWSKI
5861 NW 96TH LANE
OCALA, FL 344827328 US

New Mailing Address:

FEI Number: 59-2424570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JASIORKOWSKI, PAUL
5861 NW 96 LANE
OCALA, FL 34482 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: S ( ) Delete
Name: HONKUS, VICKY
Address: 5661 NORHTWEST 96 LA
City-St-Zip: OCALA, FL 34482

Title: TD ( ) Delete
Name: JASIORKOWSKI, PAUL
Address: 5861 NW 96TH LANE
City-St-Zip: OCALA, FL 34482

Title: VP/D ( ) Delete
Name: CUMMINGS, JOHN
Address: 5725 NW 96TH LN
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete
Name: PHILLIPS, JOE
Address: 9525 NW 60TH AVE
City-St-Zip: OCALA, FL 34482

Title: P/D ( ) Delete
Name: HOUGH, JOHN
Address: 5950 NW 96TH LA.
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: HONKUS, VICKY
Address: 5661 NORHTWEST 96 LA
City-St-Zip: OCALA, FL 34482

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

Title: PD (X) Change ( ) Addition
Name: CUMMINGS, JOHN
Address: 5725 NW 96TH LN
City-St-Zip: OCALA, FL 34482

Title: V/PD (X) Change ( ) Addition
Name: PHILLIPS, JOE
Address: 9525 NW 60TH AVE
City-St-Zip: OCALA, FL 34482

Title: D (X) Change ( ) Addition
Name: BARRY, JOE
Address: 5640 NW 96TH LA.
City-St-Zip: OCALA, FL 34482

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: PAUL JASIORKOWSKI TREA 02/05/2009
Electronic Signature of Signing Officer or Director — Date