

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769810

FILED
Jan 26, 2009
Secretary of State

Entity Name: OAK TRAIL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

AVID PROPERTY MANAGEMENT
5008 W LINEBAUGH, STE. 15
TAMPA, FL 33624

New Principal Place of Business:

AVID PROPERTY MANAGEMENT
3750 GUNN HIGHWAY SUITE 109
TAMPA, FL 33618

Current Mailing Address:

AVID PROPERTY MANAGEMENT
5008 W LINEBAUGH, STE. 15
TAMPA, FL 33624

New Mailing Address:

AVID PROPERTY MANAGEMENT
3750 GUNN HIGHWAY SUITE 109
TAMPA, FL 33618

FEI Number: 59-2366110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVID PROPERTY MGMT
5008 W LINEBAUGH AVE
ST. 15
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

AVID PROPERTY MGMT
3750 GUNN HIGHWAY
SUITE 109
TAMPA, FL 33618 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:

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PETUCK, GERALD
Address: 3431 OAK TRAIL
City-St-Zip: TAMPA, FL 33614

Title: P () Delete
Name: GARCIA, LIZETTE
Address: 3426 OAK TRAIL
City-St-Zip: TAMPA, FL 33614

Title: SEC () Delete
Name: REABOI, ALICIA
Address: 3428 OAK TRAIL
City-St-Zip: TAMPA, FL 33614

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: AVELINO VIDE

MGR

01/26/2009

Electronic Signature of Signing Officer or Director

Date