## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#769810** 

FILED Mar 15, 2011 Secretary of State

Entity Name: OAK TRAIL HOMEOWNERS ASSOCIATION, INC.

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

AVID PROPERTY MANAGEMENT 11015 N DALE MABRY HWY 3750 GUNN HIGHWAY SUITE 109

SUITE A

TAMPA, FL 33618 TAMPA, FL 33618

**Current Mailing Address: New Mailing Address:** 

AVID PROPERTY MANAGEMENT 11015 N DALE MABRY HWY

3750 GUNN HIGHWAY SUITE 109 SUITE A TAMPA, FL 33618 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: Name and Address of New Registered Agent:

AVID PROPERTY MGMT AVELINO, VIDE 3750 GUNN HIGHWAY 11015 N DALE MABRY HWY SUITE 109 SUITE A TAMPA, FL 33618 US 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: AVELINO VIDE 03/15/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ANDERSON, DEBRA Name:

Address: 11015 N DALE MABRY HWY SUITE A

City-St-Zip: TAMPA, FL 33618

Title: SEC

Name: LEVINE, DIANE

Address: 11015 N DALE MABRY HWY SUITE A

City-St-Zip: TAMPA, FL 33618

Title: **TRES** 

HACKETT, MICHELLE Name:

11015 N DALE MABRY HWY SUITE A Address:

City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: DEBRA ANDERSON **PRES** 03/15/2011