

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009012

FILED
Apr 23, 2008
Secretary of State

Entity Name: J.D. SMITH TRAIL HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

18500 MACCLENNEY ROAD
JACKSONVILLE, FL 32234

New Principal Place of Business:

11350 J D SMITH TRAIL
GLEN ST MARY, FL 32040

Current Mailing Address:

PO BOX 387
MACCLENNEY, FL 32063

New Mailing Address:

11350 J D SMITH TRAIL
GLEN ST MARY, FL 32040

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, DANIEL D
ONE INDEPENDENT DRIVE #2301
JACKSONVILLE, FL 32202 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: PSTD () Delete
Name: DAVIS, RICHARD M
Address: PO BOX 387
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: DAVIS, RICHARD H
Address: PO BOX 387
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: STOKES, MICHAEL H
Address: 18500 MACCLENNEY ROAD
City-St-Zip: JACKSONVILLE, FL 32234

Title: D (X) Delete
Name: KENNEDY, JOHN
Address: 595 SOUTH 6TH STREET
City-St-Zip: MACCLENNEY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIBSON, CHUCK M
Address: 12355 YORK HARBOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Change () Addition
Name: BRIDGES, MICHAEL
Address: 11350 J D SMITH TRAIL
City-St-Zip: GLEN ST MARY, FL 32040

Title: S (X) Change () Addition
Name: BRIDGES, KIMBERLY
Address: 11350 JD SMITH TRAIL
City-St-Zip: GLEN ST MARY, FL 32040

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: KIMBERLY BRIDGES

S

04/23/2008

Electronic Signature of Signing Officer or Director

Date