2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003695

FILED Apr 25, 2008 Secretary of State

Entity Name: HARDWOOD TRAILS PROPERTY OWNERS' ASSOCIATION, INC.

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

1136 NORTHEAST 14TH STREET OCALA, FL 34470

Current Mailing Address: New Mailing Address:

1136 NE 14TH ST OCALA, FL 34470

FEI Number: 20-4950951 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:

NOBLE BROKERAGE SERVICES 1136 NORTHEAST 14TH STREET OCALA, FL 34470 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:

- Flateric Circular (Davidson | Annal

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition
Name: ZACCO, JOHN J Name:

 Name:
 ZACCO, JOHN 3
 Name:

 Address:
 8680 SW HWY 200
 Address:

 City-St-Zip:
 OCALA, FL 34481
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition Name: MOLER, FERNE Name: LABELLE, STEVE

 Address:
 9540 SW 54TH COURT
 Address:
 1136 NE 14TH STREET

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34470

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

 Name:
 HERREN, WES
 Name:
 LEOGRANDE, MILDRED

 Address:
 1136 NE 14TH ST
 Address:
 5330 SW 95TH PLACE

 City-St-Zip:
 OCALA, FL 34470
 City-St-Zip:
 OCALA, FL 34476

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: JOHN J. ZACCO PD 04/25/2008