

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003695

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1136 NORTHEAST 14TH STREET  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1136 NE 14TH ST  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 20-4950951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JOHNNY ZACCO  
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: JOHNNY ZACCO

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZACCO, JOHN J  
Address: 8680 SW HWY 200  
City-St-Zip: OCALA, FL 34481

Title: VD ( ) Delete  
Name: LABELLE, STEVE  
Address: 1136 NE 14TH STREET  
City-St-Zip: OCALA, FL 34470

Title: STD ( ) Delete  
Name: LEOGRANDE, MILDRED  
Address: 5330 SW 95TH PLACE  
City-St-Zip: OCALA, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: JACKSON, EMMITT JAROME  
Address: 8680 SW HWY 200  
City-St-Zip: OCALA, FL 34481

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: JOHNNY ZACCO

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date