


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000007554 1. Entity Name SASSA TRAIL HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 6810 NEW TAMPA HIGHWAY SUITE 100 LAKELAND, FL 33815	Mailing Address 6810 NEW TAMPA HIGHWAY SUITE 100 LAKELAND, FL 33815
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01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4755419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MADDEN, ROBERT L 6810 NEW TAMPA HIGHWAY SUITE 100 LAKELAND, FL 33815
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000764099 05/30/07-80042-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MADDEN, ROBERT L 6810 NEW TAMPA HIGHWAY, SUITE 100 LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, LEROY 6810 NEW TAMPA HIGHWAY, SUITE 100 LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNER, EDWARD M 110 EAST REYNOLDS STREET, SUITE 700 PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. Madden **ROBERT L. MADDEN** 5/10/07 (863) 802-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #