

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90060 032 ****61.25

DOCUMENT # N12524

1. Entity Name
DARTMOUTH TRAIL OWNERS ASSOCIATION, INC.



Principal Place of Business

**2628 SENATOR WAY
MELBOURNE, FL 32901 US**

Mailing Address

**2628 SENATOR WAY
MELBOURNE, FL 32901 US**

4000101



DO NOT WRITE IN THIS SPACE

01112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2475248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEITH, LUCILLE
2501 ARISTOCRAT DR
MELBOURNE, FL 32901**

*Kerry Gardner
2628 Senator Way
Melbourne, FL 32901*

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and, if applicable,

Kerry Gardner President DTHOA

DATE

2-1-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GARDNER, KERRY W
2628 SENATOR WAY
MELBOURNE, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
KOBOSKO, GEORGE
2623 ARISTOCRAFT DR
MELBOURNE, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD Treasurer
DEITH, LUCILLE Martha Rudolph
2501 ARISTOCRAT DR 2613 Aristocrat Dr
MELBOURNE, FL 32901 Melbourne, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S Pippin
FLIPPELLI, TANIA Pippin (married
2616 ARISTOCRAT DR name)
MELBOURNE, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] **Kerry Gardner Pres DTHOA** *2-1-08* *321-733-5240*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #