

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15344 (7)**  
 1. Corporation Name  
**OLD TRAIL HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>400 TONEY PENNA DRIVE JUPITER FL 33458 US</b>	Mailing Address <b>400 TONEY PENNA DRIVE JUPITER FL 33458 US</b>
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3. Date Incorporated or Qualified  
**06/12/1986**

4. FEI Number <b>59-2717786</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SPRINGER, SHERIDAN  
400 TONEY PENNA DRIVE  
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name <b>ESTHER DEJESUS</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>400 TONEY PENNA DR</b>
83 City <b>JUPITER</b>
84 State <b>FL</b>
85 Zip Code <b>33458</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Esther DeJesus* **4/2/98**

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ADEN, BILL	
STREET ADDRESS	18680 SE OLD TRAIL DR., E.	
CITY-ST-ZIP	JUPITER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, LISA	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARTLEY, GREGG	
STREET ADDRESS	18218 SE OLD TRAIL DR., E.	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LISA KAUFFMAN	
1.3 STREET ADDRESS	400 TONEY PENNA RD	
1.4 CITY-ST-ZIP	JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEPHEN BROOKS	
2.3 STREET ADDRESS	400 TONEY PENNA RD	
2.4 CITY-ST-ZIP	JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SD/TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RON KAUFFMAN	
3.3 STREET ADDRESS	400 TONEY PENNA RD	
3.4 CITY-ST-ZIP	JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM ADEN	
4.3 STREET ADDRESS	18680 SE OLD TRAIL DR., E.	
4.4 CITY-ST-ZIP	JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GREGG HARTLEY	
5.3 STREET ADDRESS	400 TONEY PENNA DR.	
5.4 CITY-ST-ZIP	JUPITER, FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lisa Kauffman* **4/15/98**

CP2E037 (10/97)