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**May 10, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N15344**

1. Corporation Name  
**OLD TRAIL HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**400 TONEY PENNA DRIVE JUPITER FL 33458 US**

Mailing Address  
**400 TONEY PENNA DRIVE JUPITER FL 33458 US**



2. Principal Place of Business 21 <b>DICKINSON MANAGEMENT, INC.</b>	2a. Mailing Address 26 <b>DICKINSON MANAGEMENT</b>	3. Date Incorporated or Qualified <b>06/12/1986</b>
22 Suite, Apt. #, etc. <b>400 TONEY PENNA DRIVE</b>	27 Suite, Apt. #, etc. <b>400 TONEY PENNA DRIVE</b>	4. FEI Number <b>59-2717786</b>
23 City & State <b>JUPITER, FL</b>	28 City & State <b>JUPITER, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 Zip <b>33458</b>	29 Zip <b>33458</b>	30 Country
6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		7. Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent <b>DICKINSON MANAGEMENT, INC. 400 TONEY PENNA DR JUPITER FL 33458</b>	10. Name and Address of New Registered Agent 81 Name <b>DICKINSON MANAGEMENT, INC.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>400 TONEY PENNA DRIVE</b> 83 84 City <b>FL</b> 85 Zip Code
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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: *[Signature]* DATE: **4/29/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KAUFFMAN, LISA 400 TONEY PENNA RD JUPITER FL 33458</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P KAUFFMAN, LISA 18846 S.E. OLD TRAIL DRIVE WEST JUPITER, FL 33478</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KAUFMAN, LISA 400 TONEY PENNA DRIVE JUPITER FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V BROOKS, STEPHEN 18176 S.E. OLD TRAIL DRIVE EAST JUPITER, FL 33478</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDTD KAUFFMAN, R 400 TONEY PENNA DR JUPITER FL 33458</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S/T KAUFFMAN, RON 18846 S.E. OLD TRAIL DRIVE, WEST JUPITER, FL 33478</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADEN, W 18680 SE OLD TR DR E JUPITER FL 33458</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARTLEY, G 400 TONEY PENNA DR JUPITER FL 33458</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D HAMMILL, RICHARD 19184 S.E. OLD TRAIL DRIVE EAST JUPITER, FL 33478</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/29/99** DAYTIME PHONE #: **(561) 747-5500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)