

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15344

FILED
Mar 06, 2009
Secretary of State

Entity Name: OLD TRAIL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BRISTOL MGMT
1930 COMMERCE LANE, #1
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

BRISTOL MGMT
1930 COMMERCE LANE, #1
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 59-2717786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRISTOL MGMT
1930 COMMERCE LANE, #1
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BROOKS, STEPHEN
Address: 18176 SE OLD TRAIL DR E
City-St-Zip: JUPITER, FL 33478

Title: PD () Delete
Name: GEREPA, RICHARD
Address: 3502 LONG POND TERR
City-St-Zip: JUPITER, FL 33478

Title: ST () Delete
Name: MARMADUEE, JOHN
Address: 3533 SE LONG POND TERRACE
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHMIDT, WARREN
Address: 18967 SE OLD TRAIL DR W
City-St-Zip: JUPITER, FL 33478

Title: VP (X) Change () Addition
Name: EBERLE, JACK
Address: 18546 SE OLD TAIL DR W
City-St-Zip: JUPITER, FL 33478

Title: ST (X) Change () Addition
Name: WITHERS, JOHN
Address: 18798 SE OLD TRAIL DR W
City-St-Zip: JUPITER, FL 33477

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: VERN HETHERINGTON

LCAM

03/06/2009

Electronic Signature of Signing Officer or Director

Date