


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90184 042 \*\*\*\*61.25

**DOCUMENT # N15344**  
1. Entity Name  
**OLD TRAIL HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**DICKINSON MGMT. INC  
400 TONEY PENNA DR  
JUPITER FL 33458  
US**

Mailing Address  
**DICKINSON MGMT. INC  
400 TONEY PENNA DR  
JUPITER FL 33458  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**Bristol Mgmt  
1930 Commerce Ln #1  
Jupiter FL**

3. Mailing Address  
**Bristol Mgmt  
1930 Commerce Ln #1  
Jupiter, FL**

4. FEI Number **59-2717786**  
Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DICKINSON MANAGEMENT, INC  
400 TONNEY PENNA DR  
JUPITER FL 33458**

7. Name and Address of New Registered Agent  
Name **Bristol Management**  
Street Address (P.O. Box Number is Not Acceptable) **1930 Commerce Ln #1**  
City **Jupiter** FL Zip Code **33458**

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 *Steve Inglis* **Steve Inglis** **2/17/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD JAUDON, JOE Joseph H 18554 SE OLD TRAIL DR WEST JUPITER FL 33478</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BROOKS, STEPHEN 18176 SE OLD TRAIL DR E JUPITER FL 33478</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KAUFFMAN, RON 18846 SE OLD TRAIL DR W JUPITER FL 33478</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WATERS, MARVIN 18421 SE OLD TRAIL DR WEST JUPITER FL 33478</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARMADUKE, JOHN 3537 SE LONG POND TERRACE JUPITER FL 33478</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Richard GEREPA 3502 LONG POND TERRACE JUPITER, FL 33478</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRUCE HUNT 18757 SE OLD TRAIL DR W JUPITER, FL 33478</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 *Steve Inglis* **2/17/2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)