

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2009
Secretary of State**

DOCUMENT# N17988

Entity Name: 800 INDIAN TRAIL OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3850 INDIAN TRAIL
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

833 KELL-AIRE DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-2243864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMIDT, BOB
833 KELL-AIRE DRIVE
DESTIN, FL 32541 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: P/D () Delete
Name: PRICE, II, AL
Address: 2067 W. LAKEVIEW BLVD UNIT 11
City-St-Zip: N FORT MYERS, FL 33903

Title: TS () Delete
Name: SCHMIDT, BOB
Address: 833 KELL AIRE DR.
City-St-Zip: DESTIN, FL 32541

Title: DVP () Delete
Name: DORRIS, JERRIE
Address: 8045 STONEWYCK DR
City-St-Zip: GERMANTOWN, TN 38138

Title: D () Delete
Name: AMANDA, KIM
Address: 113 CAPEN ST.
City-St-Zip: MEDFORD, MA 02155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BOB SCHMIDT

TS

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date