


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # N29448	
1. Entity Name GARDEN TRAIL A P.U.D. HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 9121 N. MILITARY TRAIL SUITE 101 PALM BEACH GARDENS, FL 33410	Mailing Address 9032 GARDENS GLEN CIRCLE PALM BEACH GARDENS, FL 33418
--	---

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0121979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEFILIPPO, FRANK 9121 N. MILITARY TRAIL SUITE 101 PALM BEACH GARDENS, FL 33410	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CORCOKIOS, NICK 9121 N. MILITARY TR, STE 101 PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEFILIPPO, FRANK 9121 N. MILITARY TR, STE 101 PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCOKIOS, VICKIE 9121 N. MILITARY TR, STE 101 PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000779851
01/11/08-80054-006 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1/8/08** **561-627-1799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FRANK DEFILIPPO