FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 4-26-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32216 (6)

1. Corporation Name

OAK TRAIL COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 1831 ~~31105 US HWY 19 N~~ PALM HARBOR FL 34682-1831 US	PO BOX 1831 PALM HARBOR FL 34682-1831 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2979853 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 2330 TAMPA RD.	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~BATES, DAVID~~
~~310 OLD OAK CIR~~
~~PALM HARBOR FL 34683~~

10. Name and Address of New Registered Agent

61 Name: Robert Tankel
62 Street Address (P.O. Box Number is Not Acceptable): 33 N. Garden Ave #960
63: Clear Water Tower
64 City: Clear Water FL 65 Zip Code: 34615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIMM, DAVID	1.2 NAME		
STREET ADDRESS	126 OLD OAK CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	~~BATES, DAVID~~	2.2 NAME	BAKEMAN, JACK	
STREET ADDRESS	~~310 OLD OAK CIRCLE~~	2.3 STREET ADDRESS	201 OLD OAK CIRCLE	
CITY-ST-ZIP	~~PALM HARBOR FL~~	2.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	CORRIERI, FRANCIS	3.2 NAME		
STREET ADDRESS	350 OLD OAK CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	PAULSON, LOUIS	4.2 NAME		
STREET ADDRESS	382 OLD OAK CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, D. ELISE	5.2 NAME		
STREET ADDRESS	365 OLD OAK CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] LOUIS PAULSON 4/13/95 813-787-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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