# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # N32216 (6)

1. Corporation Name

**OAK TRAIL COMMUNITY ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 1831<br>2330 TAMPA RD.<br>PALM HARBOR FL 34682-1831<br>US | PO BOX 1831<br>PALM HARBOR FL 34682-1831<br>US |

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21 4800 Mile Stretch
22 Suite, Apt. #, etc.
23 City & State: Port Richey FL
24 Zip
25 Country

2a. Mailing Address
26 4800 Mile Stretch
27 Suite, Apt. #, etc.
28 City & State: Port Richey FL
29 Zip
30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

TANKEL, ROBERT
33 N. GARDEN AVE. #960
CLEARWATER TOWER
CLEARWATER FL 34615

**10. Name and Address of New Registered Agent**

81 Name: Frederick Reimer
82 Street Address (P.O. Box Number is Not Acceptable): 4800 Mile Stretch
83
84 City: Port Richey FL 85 Zip Code: 34690

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Frederick Reimer 4/18/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GRIMM, DAVID<br>126 OLD OAK CIRCLE<br>PALM HARBOR FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BAKEMAN, JACK<br>201 OLD OAK CIRCLE<br>PALM HARBOR FL | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | PD<br>Jack Backeman<br>201 Old Oak Circle<br>~~Palm Harbor, FL 34683~~ | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CORRIERI, FRANCIS<br>350 OLD OAK CIRCLE<br>PALM HARBOR FL | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | SD<br>Lind Hutton<br>315 Old Oak Circle<br>~~Palm Harbo FL 34683~~ | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PAULSON, LOUIS<br>382 OLD OAK CIR<br>PALM HARBOR FL | ☒ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | TD<br>John Rowley<br>478 Old Oak Circle<br>~~Palm Harob FL 34683~~ | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LARSON, D. ELISE<br>365 OLD OAK CIRCLE<br>PALM HARBOR FL | ☒ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | D<br>Tom Matter<br>338 Old Oak Circle<br>Palm Harbor FL 34683 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (12/95)

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)(k), 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:** Jack Backeman Pres. 4/13/96 813-781-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #