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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32216**

1. Corporation Name

OAK TRAIL COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4800 MILE STRETCH PORT RICHEY FL 34690 US	P.O. BOX 3370 HOLIDAY FL 34690-0370 US

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

3. Date Incorporated or Qualifed: 05/10/1989
4. FEI Number: 59-2979853 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

REIMER, FREDERICK
4800 MILE STRETCH
CLEARWATER TOWER
PORT RICHEY FL 34690

10. Name and Address of New Registered Agent

81 Name: Gary Robinson
82 Street Address (P.O. Box Number is Not Acceptable): 4800 Mile Stretch Dr
83
84 City: Holiday 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: [signature] 4/23/99
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	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	HUTTON, LIND		1.2 NAME	Gary Robinson	
STREET ADDRESS	315 OLD OAK CIRCLE		1.3 STREET ADDRESS	4800 Mile Stretch Dr	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP	Holiday, Fl 34690	
TITLE	VD	☑ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	GRIMM, DAVID		2.2 NAME	~~David Grimm~~	
STREET ADDRESS	126 OLD OAK CIRCLE		2.3 STREET ADDRESS	~~4800 Mile Stretch Dr~~ DELETE ESR	
CITY-ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP	~~Holiday Fl 34690~~	
TITLE	SD	☑ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	MATTER, TOM		3.2 NAME	WAYNE DICKENSON	
STREET ADDRESS	338 OLD OAK CIRCLE		3.3 STREET ADDRESS	4800 MILE STRETCH DR	
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4 CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	ROWLEY, JOHN		4.2 NAME	John Rowley	
STREET ADDRESS	478 OLD OAK CIRCLE		4.3 STREET ADDRESS	4800 Mile Stretch Dr.	
CITY-ST-ZIP	PALM HARBOR FL 34683		4.4 CITY-ST-ZIP	Holiday, Fl 34690	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	KINSEY, DAVID		5.2 NAME	John Ignatz	
STREET ADDRESS	342 OLD OAK CIRCLE		5.3 STREET ADDRESS	4800 Mile Stretch Dr.	
CITY-ST-ZIP	PALM HARBOR FL 34683		5.4 CITY-ST-ZIP	Holiday, Fl 34690	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Tom matter	
STREET ADDRESS			6.3 STREET ADDRESS	4800 Mile Stretch Dr.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Holiday Fl 34690	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/29/99