2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90045 043 ****61.25

DOCUMENT # N32216

1. Entity Name

OAK TRAIL COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2180 W SR 434 STE 5000~~ ~~LONGWOOD FL 32779-5044~~ ~~US~~ C/O GOLDSTAR MANAGEMENT	~~2180 W SR 434~~ ~~STE 5000~~ ~~LONGWOOD FL 32779~~ ~~US~~
2. Principal Place of Business 34072 US 19 NORTH Suite, Apt. #, etc.	3. Mailing Address 34072 US 19 NORTH Suite, Apt. #, etc.
City & State PALM HARBOR FL	City & State PALM HARBOR FL
Zip 34684 Country US	Zip 34684 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2979853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HART, JAMES W JR~~ ~~SENTRY MANAGEMENT, INC.~~ ~~2180 WEST SR 434, STE. 5000~~ ~~LONGWOOD FL 32770-5044~~	Name: WILLIAM GOLDMAN Street Address (P.O. Box Number is Not Acceptable) GOLDSTAR MANAGEMENT Co 34072 U.S. 19 NORTH City PALM HARBOR FL Zip Code 34684

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.

SIGNATURE: [signature] 2/15/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~ROBINSON, GARY~~ ~~243 OLD OAK CIR~~ ~~PALM HARBOR FL 34683~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DICKENSON, WAYNE 445 OLD OAK CIRCLE PALM HARBOR FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~DICKENSON, WAYNE~~ ~~445 OLD OAK CIR~~ ~~PALM HARBOR FL 34683~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT GREG COLEMAN 140 OLD OAK CIRCLE PALM HARBOR FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~DUNCAN, MARY~~ ~~150 OLD OAK CIR~~ ~~PALM HARBOR FL 34683~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECRETARY~~ TREAS + DIR. JAMIE WOOTEN 358 OLD OAK CIRCLE PALM HARBOR FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTZ, FRANCIS 133 OLD OAK CIR PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR + SEC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, ROBERT 254 OLD OAK CIR PALM HARBOR FL 34693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: X [signature] 16FEB01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #