2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90071 044 ****61.25

DOCUMENT # N32216

1. Entity Name

OAK TRAIL COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GOLDSTAR MANAGEMENT 34072 US 19 NORTH PALM HARBOR FL 34684 US	C/O GOLDSTAR MANAGEMENT 34072 US 19 NORTH PALM HARBOR FL 34684 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O GOLDSTAR MGMT. CO. INC.	C/O GOLDSTAR MGMT. CO. INC.
Suite, Apt. #, etc.: 2435 US HWY 19 STE 270	Suite, Apt. #, etc.: 2435 US HWY 19 STE 270
City & State: HOLIDAY FL	City & State: HOLIDAY FL
Zip: 34691 Country: USA	Zip: 34691 Country: USA

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
GOLDMAN, WILLIAM GOLDSTAR MANAGEMENT CO. 34072 U.S. 19 NORTH PALM HARBOR FL 34684	Name: GOLDMAN WILLIAM Street Address (P.O. Box Number is Not Acceptable): GOLDSTAR MGMT. CO. INC. 2435 US HWY 19 STE 270 City: HOLIDAY FL Zip Code: 34691

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: WILLIAM GOLDMAN 2/10/2002
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	P DICKINSON, WAYNE 445 OLD OAK CIRCLE PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DICKINSON WAYNE 445 OLD OAK CIRCLE PALM HARBOR, FL 34683	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COLEMAN, GREG 114 OLD OAK CIRCLE PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COLEMAN GREG 114 OLD OAK CIRCLE PALM HARBOR, FL 34683	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WOOTEN, JAMIE 358 OLD OAK CIRCLE PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHULTZ, FRANCIS 133 OLD OAK CIR PALM HARBOR FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DAVID GRIMM 126 OLD OAK CIRCLE PALM HARBOR FL 34683	☐ 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	VP-DIRECTOR RAYMOND DUNCAN 150 OLD OAK CIRCLE PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Greg Coleman 2/14/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #