

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-04-2005 90075 026 ****61.25

DOCUMENT # N32216

1. Entity Name
OAK TRAIL COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**C/O GOLDSTAR MANAGEMENT CO INC
2435 US HWY 19 STE 270
HOLIDAY, FL 34691 US**

Mailing Address
**C/O GOLDSTAR MANAGEMENT CO INC
2435 US HWY 19 STE 270
HOLIDAY, FL 34691 US**

66009959



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-NP

CR2E037 (10/03)

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

**ULM, JEFFREY
C/O GOLDSTAR MANAGEMENT CO
2435 US 19, STE 270
HOLIDAY, FL 34691**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **GAUCHMAN, DAVID**
STREET ADDRESS **511 OLD OAK CIR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COLEMAN, GREG**
STREET ADDRESS **114 OLD OAK CIRCLE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WOOTEN, JAMIE**
STREET ADDRESS **358 OLD OAK CIRCLE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **GRIMM, DAVID**
STREET ADDRESS **126 OLD OAK CIRCLE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **S** ☒ Change ☒ Addition
NAME **SHERMAN, CAROLYN**
STREET ADDRESS **300 OLD OAK CIR**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **P** ☒ Delete
NAME **MATTER, THOMAS**
STREET ADDRESS **338 OLD OAK CIR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **T** ☐ Change ☒ Addition
NAME **REYNOLDS, ROBERT**
STREET ADDRESS **254 OLD OAK CIR**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jamie Wooten

President Jamie Wooten

4-4-05

727-536-5145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #