

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90072 004 ****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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082006 Chg-NP CR2E037 (11/05)

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, 2006**

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

TITLE ☐ Change ☒ Addition
NAME **P Sherman, Robert**
STREET ADDRESS **300 Old Oak Cir**
CITY-ST-ZIP **Palm Harbor Fl. 34683**

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

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Duncan, Raymond**
CITY-ST-ZIP **150 Old Oak Cir**
Palm Harbor Fl. 34683

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

TITLE ☐ Change ☒ Addition
NAME **O**
STREET ADDRESS **Gottlieb, Rick**
CITY-ST-ZIP **438 Old Oak Cir.**
Palm Harbor Fl. 34683

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SHERMAN, CAROLYN**
CITY-ST-ZIP **300 OLD OAK CIRCLE
PALM HARBOR, FL 34683**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **REYNOLDS, ROBERT**
CITY-ST-ZIP **254 OLD OAK CIRCLE
PALM HARBOR, FL 34683**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06 (727) 772-5687
Date Daytime Phone #