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Feb 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004373 (6)

1. Corporation Name

THE FLORIDA TRAIL LAND TRUST, INC.

Principal Place of Business

5415 SW 13TH ST.
GAINESVILLE FL 32608-5037

Mailing Address

5840 NORTH ORANGE BLOSSOM TRAIL
#189
ORLANDO FL 32810-1017
US

3. Date Incorporated or Qualified
09/01/1994

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3296261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NYMARK, DENNIS V
110 SO. PEBBLE BEACH BLVD
SUITE B-103
SUN CITY CENTER FL 33573

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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, 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 D ☐ DELETE
NAME PALMER, ETHEL
STREET ADDRESS 870 ELDORADO AVE.
CITY-ST-ZIP CLEARWATER FL

TITLE DV ☐ DELETE
NAME WIMMER, KENT
STREET ADDRESS 910 BLACKWOOD AVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☐ DELETE
NAME ATKINSON, JUNE M.D.
STREET ADDRESS 322 FOREST RD.
CITY-ST-ZIP MT. DORA FL

TITLE D ☐ DELETE
NAME BALDINI, ERNEST A
STREET ADDRESS 453 WATTS WAY
CITY-ST-ZIP COCOA BEACH FL

TITLE DT ☐ DELETE
NAME NYMARK, DENNIS V
STREET ADDRESS 110 PEBBLE BEACH BLVD
CITY-ST-ZIP SUN CITY CENTER FL

TITLE DS ☐ DELETE
NAME FRYER, MARY A
STREET ADDRESS 3016 RIVERSIDE PARK RD
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Dennis V. NyMark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/97

Date

352-383-5318
Daytime Phone # 0017116

CR2E037 (9/96)