FILE NOW: FILING FEE IS \$61.25

→ NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

N9400005832 (0)

HIGH RIDGE TRAIL MAINTENANCE ASSOCIATION, INC.

				,					
Principal Place	of Business		Mailing Address	Mailing Address			E SUBSINUI DIO SUIN BEUR EDIN UDIN	OBIHI BUIFF ODADI DHAN FOI	0 0 11110 1161 1091
2801 SW COLLEGE RD SUITE 1 OCALA FL 34474			SUITE 1	2801 SW COLLEGE RD SUITE 1 OCALA FL 34474					··· <u>·</u>
							3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last 07/25/1	
2. Principal Pla	ace of Busines	38	<u> </u>	2a. Malling Address			4. FEI Number APPLIED FOR 59-	3222029	Applied For
21			26	Suite, Apt. #, etc.			TITLICUTON U.		Not Applicable
Suite, Apt. #, etc.			27 Softe, Apt. #,				5. Certificate of Status Desired	T	5 Additional Required
City & State	,		City & State	├ ── '			6. Election Campaign Financing		May Be
Zip Country			28 	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24	25		 	29 30			Florida Statutes Yes No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
	•				81	Name			·
MACKAY, DAVID L 2801 SW COLLEGE RD SUITE 1 OGALA FL 34474					82	Street Add	ss (P.O. Box Number is Not Acceptable)		
					83				
						<u>-</u>			
o qui i i					84	City		FL 85 Zi	ip 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								rentre grouper a color som i village est	
12,						t signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE OF BS: AND DIRECTO	OBS IN 12
TITLE	D	OFFICER	TDELE		13. 1.1 TITLE		ASSITIONS GLANGES TO GET	Change	Addition
NAME	_	, GEORGE L		1	I.2 NAME				
STREET ADDRESS		NEE TRAIL		1.3 \$		ADDRESS			
CITY-ST-ZIP	MAITLAN	ID FL 32751		1	I.4 CITY - S	T-ZIP			
TITLE	D		DELE	TE 2	2.1 TITLE			☐ Change	☐ Addition
NAME		, ELOISE B		2	2.2 NAME				
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NAME				5	5.2 NAME				1
STREET ADDRESS				5	5.3 STREET	ADDRESS			
CITY-ST-ZIP				ţ	5.4 CITY - S	T-ZIP			
TITLE			□ DELE	TE 6	5.1 TITLE			Change	☐ Addition
NAME				6	5.2 NAME				. x . d
STREET ADDRESS			•	6	6.3 STREET	ADDRESS			A ^P AN
					5.4 CITY - S				U3.8
14. I do hereb	y certify that t	he information supp	lied with this filing is volunta	rily furnished a	and doe:	s not qualify	for the exemption stated in Section 119.	37(3)(k), Florida Statu	ites. 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: MONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/12/96 407 6.44.2115