

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001937

FILED
Mar 12, 2009
Secretary of State

Entity Name: HAPPY TRAILS MOBILE HOMEOWNERS ASSOCIATION II, INC.

Current Principal Place of Business:

2261 GULF TO BAY BLVD
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

1266 S PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-3458620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, JUSTIN G
1266 S PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONLEY, KAREN
Address: 2261 GULF TO BAY BLVD #313
City-St-Zip: CLEARWATER, FL 33765

Title: S () Delete
Name: WEISSE, WILLIAM
Address: 2261 GULF TO BAY BLVD #136
City-St-Zip: CLEARWATER, FL 33765 US

Title: T () Delete
Name: PURDIE, CONNIE
Address: 2261 GULF TO BAY BLVD #220
City-St-Zip: CLEARWATER, FL US

Title: V () Delete
Name: TIFFANY, ROBERT
Address: 2261 GULF TO BAY BLVD #144
City-St-Zip: CLEARWATER, FL

Title: MAL () Delete
Name: RHODES, JAMES
Address: 2261 GULF TO BAY BLVD #319
City-St-Zip: CLEARWATER, FL 33765

Title: MAL () Delete
Name: ENO, DONALD
Address: 2261 GULF TO BAY BLVD #122
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SHERFIELD, RICHARD
Address: 2261 GULF TO BAY BLVD #217
City-St-Zip: CLEARWATER, FL

Title: MAL (X) Change () Addition
Name: MORRISON, PATRICIA
Address: 2261 GULF TO BAY BLVD #117
City-St-Zip: CLEARWATER, FL 33765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN R CONLEY

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date