

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90051 047 \*\*\*\*61.25

**DOCUMENT # N97000004673**

1. Entity Name  
**SOUTH TAMiami TRAIL ASSOCIATION, INC.**



Principal Place of Business  
**6700 CONROY RD, SUITE 230  
ORLANDO, FL 32835**

Mailing Address  
**6700 CONROY RD  
STE 230  
ORLANDO, FL 32835**



03252008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0782960**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHARRON, ALAN  
6700 CONROY RD, SUITE 230  
ORLANDO, FL 32835**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	PINKERTON, JULIE
STREET ADDRESS	710 COMMERCE DR #107
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	CAPLAN, ROBERT
STREET ADDRESS	3631 CANAL ST
CITY-ST-ZIP	NEW ORLEANS, LA 70119
TITLE	PTD
NAME	CHARRON, ALAN
STREET ADDRESS	6700 CONROY RD., SUITE 230
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 reports 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/08 (407)291-9000**

Date

Daytime Phone #