## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000004054

City-St-Zip:

NORTH PORT, FL 34286

Entity Name: BOBCAT TRAIL HOMEOWNERS ASSOCIATION, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2975 BOBCAT VILLIAGE CTR RD STE-100 NORTH PORT, FL 34287 **New Mailing Address: Current Mailing Address:** 2975 BOBCAT VILLIAGE CTR RD STE-100 NORTH PORT, FL 34287 FEI Number: 59-3593925 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERSSON, DAVID P ESQUIRE 2033 MAIN ST STE-402 SARASTOA, FL 34237 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition TROUTT, JOHN EDWARD TROUTT, JOHN EDWARD Name: Name: P.O. BOX 1249 Address: P.O. BOX 1249 Address: City-St-Zip: JONESBORO, AR 72403 City-St-Zip: JONESBORO, AR 72403 Title: SD () Delete Title: **PSD** (X) Change ( ) Addition Name: TROUTT, ROBERT W Name: TROUTT, ROBERT W Address: P.O. BOX 1249 Address: P.O. BOX 1249 City-St-Zip: JONESBORO, AR 72403 City-St-Zip: JONESBORO, AR 72403 Title: () Delete Title: () Change () Addition ARNOLD, KENT E Name: Name: Address: P.O. BOX 1249 Address: City-St-Zip: JONESBORO, AR 72403 City-St-Zip: Title: (X) Delete Title: () Change () Addition MURRAY, WILLIAM L Name: Name: 2975 BOBCAT VILLAGE CTR RD #100 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: ROBERT TROUTT P 04/26/2002