


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90032 021 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # 743680</b><br>1. Entity Name<br><b>TRAILWOOD HOMEOWNERS ASSOCIATION, INC.</b>  |   |   |  |    |  |
| Principal Place of Business<br><b>PO BOX 2051<br/>JUPITER, FL 33468-2051 US</b>  |   |   | Mailing Address<br><b>PO BOX 2051<br/>JUPITER, FL 33468-2051 US</b>          |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>59-2158444</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HIGGINS, JAMES<br/>10226 TRAILWOOD CIRCLE<br/>JUPITER, FL 33478</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD GUMSON, ADAM</b> <input type="checkbox"/> Delete<br><b>10071 TRAILWOOD CIRCLE</b><br><b>JUPITER, FL 33478</b>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <b>D STURMTHAL, JEFF</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>10087 TRAILWOOD CIL</b><br><b>JUPITER, FL 33478</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD OSTAPCHUK, ANDREW</b> <input type="checkbox"/> Delete<br><b>10247 TRAILWOOD CIR</b><br><b>JUPITER, FL 33478</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D PETERS, CRAIG</b> <input type="checkbox"/> Delete<br><b>10298 TRAILWOOD CIRCLE</b><br><b>JUPITER, FL 33478</b>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD HIGGINS, JAMES</b> <input type="checkbox"/> Delete<br><b>10226 TRAILWOOD CIRCLE</b><br><b>JUPITER, FL 33478</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D SKOMRA, GREGORY</b> <input type="checkbox"/> Delete<br><b>10202 TRAILWOOD WAY</b><br><b>JUPITER, FL 33478</b>    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD PIERCE, BARNEY</b> <input type="checkbox"/> Delete<br><b>10106 TRAILWOOD CIRCLE</b><br><b>JUPITER, FL 33478</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |  |
| <b>SIGNATURE:</b> <u><i>James Higgins</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <u>1/6/2006</u> <u>(561) 691-7600</u><br><small>Date Daytime Phone #</small> |   |  |
| <b>JAMES HIGGINS</b>   |   |   |  |   |  |