

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90155 041 *****61.25

DOCUMENT # 743680

1. Entity Name

TRILWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**PO BOX 2051
JUPITER FL 33468-2051
US**

Mailing Address

**PO BOX 2051
JUPITER FL 33468-2051
US**

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 **59-2158444**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNEAL, JACK
10238 TRILWOOD CIRCLE
JUPITER FL 33478**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GUMSON, ADAM**
STREET ADDRESS **10071 TRILWOOD CIRCLE**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **LAVOLD, KATHY**
STREET ADDRESS **10349 TRILWOOD CIRCLE**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **VD** ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **TD** ☐ Delete
NAME **MCNEAL, JACK**
STREET ADDRESS **10238 TRILWOOD CIRCLE**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **D** ☐ Change ☒ Addition
NAME **OSTAPCHUK, ARIOS**
STREET ADDRESS **10247 TRILWOOD CIRCLE**
CITY-ST-ZIP **JUPITER, FL 33478**

TITLE **D** ☒ Delete
NAME **GOULD, CHRIS**
STREET ADDRESS **10070 TRILWOOD CIRCLE**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **D** ☐ Change ☒ Addition
NAME **HIGGINS, JIM**
STREET ADDRESS **10226 TRILWOOD CIRCLE**
CITY-ST-ZIP **JUPITER, FL 33478**

TITLE **D** ☒ Delete
NAME **ROCHEFORT, LARRY**
STREET ADDRESS **10130 TRILWOOD CIRCLE**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **D** ☐ Change ☒ Addition
NAME **ARMINE, JERRY**
STREET ADDRESS **10442 TRILWOOD CIRCLE**
CITY-ST-ZIP **JUPITER, FL 33478**

TITLE **VD** ☐ Delete
NAME **PIERCE, BARNEY**
STREET ADDRESS **10106 TRILWOOD CIRCLE**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **PD** ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED

4/27/03 (561) 747-8527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)