

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760828**

(4)

1. Corporation Name

TRILWOOD TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**3960 WILLOW TRAIL RUN
M-51
PT ORANGE FL 32127**

**3960 WILLOW TRAIL RUN
M-51
PT ORANGE FL 32127**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/24/1981

3a. Date of Last Report

02/27/1995

4. FEI Number

59-2231932

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

HOWARD PETERSON

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

83

3546 ROSSETT LANE

84 City

PORT ORANGE

FL

85 Zip Code

32119

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Howard Peterson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-4-96

12. OFFICERS AND DIRECTORS

TITLE

PD

CAMPBELL, WILLIAM

☐ DELETE

NAME

STREET ADDRESS

3960 WILLOW TRAIL RUN #2002

CITY-ST-ZIP

PORT ORANGE FL

TITLE

VD

MAURICE NETTI

☒ DELETE

NAME

STREET ADDRESS

3960 WILLOW TRAIL RUN

CITY-ST-ZIP

PORT ORANGE FL

TITLE

TD

HABJAN, JEANNE

☒ DELETE

NAME

STREET ADDRESS

3960 WILLOW TRAIL RUN, 135

CITY-ST-ZIP

PORT ORANGE FL

TITLE

SD

WOOD, BILL

☒ DELETE

NAME

STREET ADDRESS

3960 OAK TAIL RUN 2001

CITY-ST-ZIP

PORT ORANGE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DOUGLAS STEWART

3960 OAK TRAIL RUN

PORT ORANGE FL 32127

TRACY FRANCHINA

3960 WILLOW TRAIL RUN

PORT ORANGE FL 32127

SUSAN CASTANQUA

3960 WILLOW TRAIL RUN

PORT ORANGE

100001809681

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*****30.63**

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Campbell*

William Campbell

4-4-96

904765897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)