2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760828

FILED Feb 18, 2007 Secretary of State

Entity Name: TRAILWOOD TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3960 WILLOW TRAIL RUN M-51 PT ORANGE, FL 32127 **New Mailing Address: Current Mailing Address:** 3960 WILLOW TRAIL RUN M-51 PT ORANGE, FL 32127 FEI Number: 59-2231932 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: SLATER, GWEN CPA 3869 S. NOVA RD #1 PORT ORANGE, FL 32127 US 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: (X) Change () Addition () Delete MARDIELLO, BRIAN NARDIELLO, BRIAN Name: Name: 3960 WILLOW TRL RN 1703 Address: 3960 WILLOW TRL RN 1703 Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127 Title: Title: (X) Change () Addition () Delete PALMIE, MIKE Name: PALMIER, MIKE Name: Address: 3960 WILLOW TRL RUN 12 Address: 3960 WILLOW TRL RUN 12 City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127 Title: () Delete Title: (X) Change () Addition HILLS, DEBBIE FREUND, HEIDI Name: Name: 3960 OAK TRL RUN 2302 3960 OAK TRL RUN 1905 Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127 () Delete Title: Title: () Change () Addition Name: MULLER, JIM Name: 3960 WILLOW TRL RUN 1407 Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: () Delete Title: () Change () Addition GIRALDO, SANTIAGO Name: Name: 3960 OAK TRL RUN 2203 Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: () Delete Title: (X) Change () Addition FREUND, HEIDI GOODMAN, GLORIA Name: Name: Address: 3960 OAK TRL RUN 1905 Address: 3960 WILLOW TRAIL RUN 1704

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: HEIDI FREUND T 02/18/2007

PORT ORANGE, FL 32127

City-St-Zip:

PORT ORANGE, FL 32127