

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0092041

DOCUMENT # N00000006031

1. Entity Name

TRAILS II HOMEOWNERS ASSOCIATION, INC.

03-19-2001 90016 042 ****61.25

Principal Place of Business

16900 S.W. 59HT COURT
 FORT LAUDERDALE FL 33331

Mailing Address

16900 S.W. 59HT COURT
 FORT LAUDERDALE FL 33331

2. Principal Place of Business

3. Mailing Address

2715 E OAKLAND PK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft LAUDERDALE FL

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip
33306

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVICK, MATTHEW
 16900 S.W. 59HT COURT
 FORT LAUDERDALE FL 33331

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINHOFF-NOVICK, ARLENE	NAME	
STREET ADDRESS	16900 S.W. 59TH COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESOUSKY, JOHN	NAME	
STREET ADDRESS	16900 S.W. 59TH COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICK, MATTHEW	NAME	
STREET ADDRESS	16900 S.W. 59TH COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 (954) 500-2733
 Date Daytime Phone #

CR2E037 (10/00)