

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra E. Murphree Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 APR 17 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27066 (2)

1. Corporation Name
TRAILS OF MONTVERDE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business 15000 THOROUGHbred LANE P.O. BOX 560644 MONTVERDE FL 34756 US	Mailing Address 15000 THOROUGHbred LANE P.O. BOX 560644 MONTVERDE FL 34756 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1988	3a. Date of Last Report 04/05/1994
4. FEI Number 59-2921555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**JOHN A LEKLEM, SPARKS, COOPER, LEKLEM PA
17 S MAGNOLIA AVE
P O DRAWER 1271
ORLANDO FL 32802**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SCARBORO, KAYTON	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	PD
STREET ADDRESS 15000 THOROUGHbred LANE	CITY - ST - ZIP MONTVERDE FL	12 NAME Scarboro, Kayton	13 STREET ADDRESS 15000 Thoroughbred Lane
TITLE VP	NAME CUMMINGS, JOHN	14 CITY - ST - ZIP Montverde, Fl. 34756	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15838 THOROUGHbred LANE	CITY - ST - ZIP MONTVERDE FL	22 NAME King, Barry	23 STREET ADDRESS 15719 Arabian Way
TITLE S	NAME CARVAJAL, ROBIN	24 CITY - ST - ZIP Montverde, Fl. 34756	31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15144 THOROUGHbred LANE	CITY - ST - ZIP MONTVERDE FL	32 NAME Martin, Bobbie	33 STREET ADDRESS 15741 Thoroughbred Lane
TITLE T	NAME CAUSEY, EUNICE T	34 CITY - ST - ZIP Montverde, Fl. 34756	41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15020 THOROUGHbred LANE	CITY - ST - ZIP MONTVERDE FL	42 NAME Causey, Eunice	43 STREET ADDRESS 15020 Thoroughbred Lane
TITLE	NAME	44 CITY - ST - ZIP Montverde, Fl. 34756	51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	52 NAME	53 STREET ADDRESS
TITLE	NAME	54 CITY - ST - ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	62 NAME	63 STREET ADDRESS
TITLE	NAME	64 CITY - ST - ZIP	

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 110.07(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: Eunice T. Causey **3-27-95** **407-469-4892**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eunice T. Causey **Treasurer**