

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 # **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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3. Date Incorporated or Qualified 06/21/1988	3a. Date of Last Report 04/17/1995
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2. Principal Place of Business 21 15141 ARABIAN WAY Suite, Apt. #, etc. 22 P.O. Box 560644 City & State 23 MONTVERDE FL. Zip 24 34756	2a. Mailing Address 26 15141 ARABIAN WAY Suite, Apt. #, etc. 27 P.O. Box 560644 City & State 28 MONTVERDE FL. Zip 29 34756	Country 25 U.S. Country 30 U.S.
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4. FEI Number 59-2921555	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JOHN A LKLEM, SPARKS, COOPER, LKLEM PA
17 S MAGNOLIA AVE
P O DRAWER 1271
ORLANDO FL 32802**

10. Name and Address of New Registered Agent
81 Name **STOKES, JOSEPH**
82 Street Address (P.O. Box Number is Not Acceptable)
15141 ARABIAN WAY
83 **MONTVERDE**
84 City
85 Zip Code
FL 34756

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 **JOSEPH M. STOKES, PRESIDENT** *Joseph M. Stokes* DATE **6/17/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCARBORO, KAYTON 15000 THOROUGHbred LANE MONTVERDE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KING, BARRY 15716 ARABIAN WAY MONTVERDE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, BOBBIE 15741 THOROUGHbred LANE MONTVERDE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAUSEY, EUNICE 15020 THOROUGHbred LANE MONTVERDE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD JOSEPH STOKES 15141 ARABIAN WAY MONTVERDE, FL 34756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	(CORRECTION) 15179 ARABIAN WAY MONTVERDE, FL 34756	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	5 MILLER, KATHY 15622 PADDock DRIVE MONTVERDE, FL 34756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	7D MOHADO, YVONNE 15429 THOROUGHbred LANE MONTVERDE, FL 34756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	300001877508 -06/27/96--01018--019 ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph M. Stokes* DATE **3/19/96** (407) 469-3197
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)