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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
**15141 ARABIAN WAY
P.O. BOX 560644
MONTVERDE FL 34756
US**

Mailing Address
**15141 ARABIAN WAY
P.O. BOX 560644
MONTVERDE FL 34756-0644
US**

3. Date Incorporated or Qualified **06/21/1988** 3a. Date of Last Report **06/26/1996**

4. FEI Number **59-2921555** 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

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

**STOKES, JOSEPH
15141 ARABIAN WAY
MONTVERDE FL 34756**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOKES, JOSEPH	
STREET ADDRESS	15141 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KING, BARRY	
STREET ADDRESS	15719 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, KATHY	
STREET ADDRESS	15822 PADDOCK DRIVE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOHADEO, YVONNE	
STREET ADDRESS	15427 THOROUGHbred LANE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wayne meadows
2.3 STREET ADDRESS	15838 Arabian way
2.4 CITY-ST-ZIP	Montverde, FL 34756
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Karen Adams
3.3 STREET ADDRESS	15150 Arabian way
3.4 CITY-ST-ZIP	Montverde, FL 34756
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Lou Cannon
4.3 STREET ADDRESS	15635 Thoroughbred Ln.
4.4 CITY-ST-ZIP	Montverde, FL 34756
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Mary Lou Cannon* DATE: *3/20/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070301

CR2E037 (9/96)