. FILE NOW: FILING FEE IS \$61.25

NONPROFIT .
CORPORATIÓN
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998 DIVISION OF CORPORATIONS

DOCUMENT #

N27066

(2)

TRAILS OF MONTVERDE HOMEOWNERS' ASSOCIATION, INC.

	T. C.				
Principal Place of Business		Mailing Address		CARRIED AND CITED STATE	is minte Brått Asbet Blätt Albit 1881
15141 ARABIAN WAY P.O. BOX 560644		15141 ARABIAN WAY		3. Date Incorporated or Qualified	
MONTVERDE FL 34756		P.O. BOX 560644 MONTVERDE FL 34756		06/21/1988	
US		US		4. FEI Number	Applied For
2. Principal F	Place of Business	2a. Malling Address		59-2921555	Not Applicable
21		25 P.O. BOX 560644		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Z _{(D}	Country	28	Country	·	□ No
24	25		10]	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curre			10. Name and Address of New Register	
			81 Name	Switt, James	
STOKES, JOSEPH			62 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
15141 ARABIAN WAY				1915 Fosgate Road	
MONTVERDE FL 34758		83	•		
ļ			84 City	nontuerde F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617 1508. Florida Statutes	the above-named or	ornovation submits this statement for the purpose	cf changing its registered
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 occupant the objectives of Section 617.0503, Florida Statutes.					
SIGNATURE 3					
	Signature, typed or printed name of registered to		Registered Agent signature re	quired when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD CTOVES 100EDU	DELETE		PD	Change Addition
NAME OTRETT ADDRESS	STOKES, JOSEPH		1.2 NAME	SWITE, James	
STREET ADDRESS CITY-ST-ZIP	15141 ARABIAN WAY MONTVERDE FL 34756		1.3 STREET ADDRESS	16915 Fosgate Rd. Montverde, FL 34756	
TITLE	VPD	ГУ ФЕ L ЕТЕ	1.4 CITY-ST-ZIP	VOD	ZI-Ehange Addition
NAME	MEADOWS, WAYNE			mason, michael	CE-CHANGE CE MODITION
STREET ADDRESS	15638 ARABIAN WAY		23 STREET ADDRESS	15849 Paddock Dr.	
CITY - ST - ZNP	MONTVERDE FL		2. 4 CITY-ST-ZIP	montverde, FL 34756	
TITLE	8	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, KAREN		3.2 NAME		
STREET ADDRESS	15150 ARABIAN WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTVERDE FL	DELETE	3.4. CITY - ST-ZIP	***************************************	
NAME	TD CANNONE MADVION	☐ peret	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	CANNONE, MARY LOU 15635 THOROUGHBRED LA	ME	4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	MONTVERDE FL	WIL	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 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 if 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:

Hermitte D

4/6/98 317-3700 x54H

FILED

Apr 28 1998 8:00am

Secretary of State

3R2E037 (10/97)