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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90107 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27066

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

Principal Place of Business 15141 ARABIAN WAY P O BOX 560644 ROAD MONTEVERDE FL 34756 US	Mailing Address P O BOX 560644 MONTEVERDE FL 34756 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/21/1988	4. FEI Number 59-2921555 Applied For <input checked="" 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
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9. Name and Address of Current Registered Agent

SWIFT, JAMES
16915 FOSGATE ROAD
MONTVERDE FL 34756

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWIFT, JAMES	
STREET ADDRESS	16915 FOSGATE RD	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MASON, MICHAEL	
STREET ADDRESS	15849 PADDOCK DR	
CITY-ST-ZIP	MONTVERDE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, KAREN	
STREET ADDRESS	15150 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CANNONE, MARY LOU	
STREET ADDRESS	15635 THOROUGHbred LANE	
CITY-ST-ZIP	MONTVERDE FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	MELODY HALL
3.4 CITY-ST-ZIP	15803 PADDOCK DRIVE MONTVERDE, FL 34756
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	KERR, HOMER L.
4.4 CITY-ST-ZIP	16623 APPALOOSA TRAIL 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 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 67, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** **4/8/99** **402 317 3700**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/198)