

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90015 023 ****61.25

DOCUMENT # N27066

1. Entity Name

TRAILS OF MONTVERDE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

15141 ARABIAN WAY
 P O BOX 560644ROAD
 MONTEVERDE FL 34756
 US

P O BOX 560644
 MONTVERDE FL 34756-0644
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2921555

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 -Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWIFT, JAMES
16915 FOSGATE ROAD
MONTVERDE FL 34756

Name **CLARK, BOB**
 Street Address (P.O. Box Number is Not Acceptable)
15652 Paddock Drive
 City **Montverde** FL Zip Code **34756**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Robert J. Clark*
 Signature, typed or printed name of registered agent and title if applicable

4/28/00
 DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME SWIFT, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 16915 FOSGATE RD	CITY-ST-ZIP MONTVERDE FL 34756	
TITLE VPD	NAME MASON, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15849 PADDOCK DR	CITY-ST-ZIP MONTVERDE FL	
TITLE S	NAME HALL, MELDOY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15803 PADDOCK DR	CITY-ST-ZIP MONTVERDE FL 34756	
TITLE TD	NAME KERR, HOMER L	<input type="checkbox"/> Delete
STREET ADDRESS 16623 APPALOOSA TRAIL	CITY-ST-ZIP MONTVERDE FL 34756	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

TITLE President Director	NAME Clark, Bob	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15652 Paddock Drive	CITY-ST-ZIP Montverde FL 34756	
TITLE Vice President Director	NAME Monahan, Lisa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15650 Thoroughbred Lane	CITY-ST-ZIP Montverde FL 34756	
TITLE Secretary Director	NAME Fetterhoff, Michele	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15736 Paddock Drive	CITY-ST-ZIP Montverde FL 34756	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Clark*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

Daytime Phone #

CR2E037 (9/99)