


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90035 046 \*\*\*\*61.25

<b>DOCUMENT # N27066</b>					
1. Entity Name <b>TRAILS OF MONTVERDE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 15141 ARABIAN WAY P O BOX 560644ROAD MONTEVERDE, FL 34756 US			Mailing Address P O BOX 560644 MONTVERDE, FL 34756 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2921555	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'NEIL, ROBERT 15635 THOROUGHbred LN MONTVERDE, FL 34756			Name <b>LAWRENCE J. KICCINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>15031 THOROUGHbred LANE</b> City <b>MONTVERDE</b> FL Zip Code <b>34756</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Lawrence J. Kiccina</i>			DATE <b>3/5/04</b>		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'NEIL, ROBERT 15635 THOROUGHbred LN MONTVERDE, FL 34756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE J. KICCINA 15031 THOROUGHbred LANE MONTVERDE, FL 34756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THERRIEN, ROY 15705 ARABIAN WAY MONTVERDE, FL 34756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEWITT, MARIE 15405 THOUROUGHbred LN MONTVERDE, FL 34756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID R. PIEACC 15227 THOROUGHbred LANE MONTVERDE, FL 34756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHONDEN, LISA 15115 ABABIAN WAY MONTVERDE, FL 34756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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: <i>Lawrence J. Kiccina</i>				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>407-469-4636</b>	



01172004 Chg-NP CR2E037 (10/03)