


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90349 013 ****61.25

DOCUMENT # N27066

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



Principal Place of Business
15031 THOROUGHbred WAY
MONTVERDE, FL 34756 US

Mailing Address
P O BOX 560644
MONTVERDE, FL 34756 US

2. Principal Place of Business
15138 ARABIAN WAY
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 560644
 Suite, Apt. #, etc.

City & State
MONTVERDE, FL

City & State
MONTVERDE, FL

Zip
34756 Country
U.S.

Zip
34756 Country
U.S.

6. Name and Address of Current Registered Agent
KICEINA, LAWRENCE J
15031 THOROUGHbred LANE
MONTVERDE, FL 34756

7. Name and Address of New Registered Agent
 Name: **LISA RHODEN**
 Street Address (P.O. Box Number is Not Acceptable):
15138 ARABIAN WAY
 City: **MONTVERDE** FL Zip Code: **34756**

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: *Lisa H Rhoden* **LISA H. RHODEN, PRESIDENT** **4-10-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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 KICEINA, LAWRENCE J 15031 THOROUGHbred LANE MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LISA RHODEN 15138 ARABIAN WAY MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEY, BRENDA 14933 THOROUGHbred LANE MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBTHERRIEN 15705 ARABIAN WAY MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERCE, DAVID R 15227 THOROUGHbred LANE MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT O'NEIL 15635 THOROUGHbred LN MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERRY, SANDY 15115 ABABIAN WAY MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LISA O'NEILL 15635 THOROUGHbred LN MONTVERDE, FL 34756
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 exemptions contained in Chapter 119, 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: *Lisa Rhoden* **LISA RHODEN** **3/4/06** **407-832-2858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #