
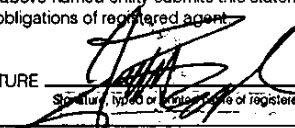



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90364 009 ****61.25

DOCUMENT # N27066			
1. Entity Name TRAILS OF MONTVERDE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 15138 ARABIAN WAY MONTVERDE, FL 34756 US		Mailing Address P O BOX 560644 MONTVERDE, FL 34756 US	
2. Principal Place of Business - No P.O. Box # 15350 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 US	Zip 34756	Country US
4. FEI Number 59-2921555		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHODEN, LISA 15138 ARABIAN WAY MONTVERDE, FL 34756		7. Name and Address of New Registered Agent Name JEFF BEGOVICH Street Address (P.O. Box Number is Not Acceptable) 15350 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 		JEFF BEGOVICH 3/3/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHODEN, LISA 15138 ARABIAN WAY MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFF BEGOVICH 15350 ARABIAN WAY MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 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 O'NEIL, ROBERT 15635 THOROUGHbred LANE MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDY PITZ 15310 ARABIAN WAY MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEIL, LISA 15635 THOROUGHbred LANE MONTVERDE, FL 34756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRI DEWEY 15541 ARABIAN WAY MONTVERDE, FL 34756 <input checked="" 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 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: 		Date 3/3/07 Daytime Phone # 407-469-5577	