
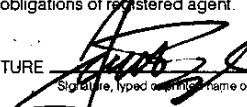
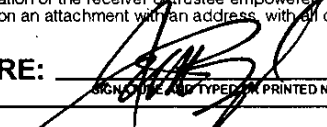


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90073 040 ****61.25

| | | | | | |
|--|---------------------|--|---|--|-----------------------------------|
| DOCUMENT # N27066 | | | |  | |
| 1. Entity Name TRAILS OF MONTVERDE HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 15350 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 # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02272008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-2921555 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BEGOVIICH, JEFF 15350 ARABIAN WAY MONTVERDE, FL 34756 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 | | 3-1-08 | |
| SIGNATURE | | 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, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BEGOVIICH, JEFF | | NAME | | |
| STREET ADDRESS | 15350 ARABIAN WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | MONTVERDE, FL 34756 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THERRIEN, ROY | | NAME | CHRIS GARMAN | |
| STREET ADDRESS | 15705 ARABIAN WAY | | STREET ADDRESS | 15899 ARABIAN WAY | |
| CITY-ST-ZIP | MONTVERDE, FL 34756 | | CITY-ST-ZIP | MONTVERDE, FL 34756 | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PITZ, SANDY | | NAME | | |
| STREET ADDRESS | 15310 ARABIAN WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | MONTVERDE, FL 34756 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DEWEY, PERRI | | NAME | | |
| STREET ADDRESS | 15541 ARABIAN WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | MONTVERDE, FL 34756 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | JEFF BEGOVICH | | 3/2/08 | |
| SIGNATURE | | PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |