

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27066

FILED
Jul 20, 2009
Secretary of State

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

Current Principal Place of Business:

15350 ARABIAN WAY
MONTVERDE, FL 34756 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 560644
MONTVERDE, FL 34756 US

New Mailing Address:

FEI Number: 59-2921555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEGOVICH, JEFF
15350 ARABIAN WAY
MONTVERDE, FL 34756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEGOVICH, JEFF
Address: 15350 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

Title: T () Delete
Name: GARMAN, CHRIS
Address: 15899 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

Title: V () Delete
Name: PITZ, SANDY
Address: 15310 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

Title: D () Delete
Name: DEWEY, PERRI
Address: 15541 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BEGOVICH, AMANDA
Address: 15350 ARABIAN WAY
City-St-Zip: MONTVERDE, FL 34756

Title: P (X) Change () Addition
Name: BERRY, STEVE
Address: 15932 THOROUGHbred LANE
City-St-Zip: MONTVERDE, FL 34756

Title: V (X) Change () Addition
Name: TERRY, WENDY
Address: 16623 APPALOOSA TR
City-St-Zip: MONTVERDE, FL 34756

Title: D (X) Change () Addition
Name: BERRY, SANDY
Address: 15643 PADDOCK DR
City-St-Zip: MONTVERDE, FL 34756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA BEGOVICH

T

07/20/2009

Electronic Signature of Signing Officer or Director

_____ Date