


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90080 009 \*\*\*\*61.25

**DOCUMENT # N27066**  
1. Entity Name  
**TRAILS OF MONTVERDE HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business  
**15141 ARABIAN WAY  
P O BOX 560644ROAD  
MONTEVERDE FL 34756  
US**

Mailing Address  
**P O BOX 560644  
MONTEVERDE FL 34756  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2921555**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEWITT, TIM  
15405 THOROUGH BRED LANE  
MONTVERDE FL 34756**

7. Name and Address of New Registered Agent

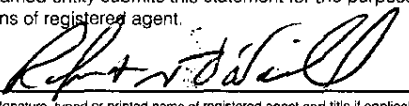
Name **Robert O'Neill**

Street Address (P.O. Box Number is Not Acceptable)  
**15635 THOROUGH BRED LANE**

**MONTEVERDE**

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 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEWITT, TIM	
STREET ADDRESS	15405 THOROUGH BRED LANE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOWYER-THERRIEN, BONNY	
STREET ADDRESS	15705 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SIROIS, GREG	
STREET ADDRESS	15624 THOROUGH BRED LANE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROADWELL, SUSAN	
STREET ADDRESS	15410 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT O'NEIL	
STREET ADDRESS	15635 THOROUGH BRED LANE	
CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY THERRIEN	
STREET ADDRESS	15705 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE DEWITT	
STREET ADDRESS	15405 THOROUGH BRED LANE	
CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA RHODEN	
STREET ADDRESS	15115 ARABIAN WAY	
CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **3/25/03 (407)469-3860**

CR2E037 (10/02)