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Jun 18 1998 8:00am  
Secretary of State

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000006460 (6)**  
1. Corporation Name  
**TRAILS END HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: ~~1955 TROPICAL TRAIL, MERRITT ISLAND FL 32953~~  
Mailing Address: ~~PO BOX 34406, MERRITT ISLAND FL 32953-1106~~

3. Date Incorporated or Qualified: ~~11181007~~ **6-01-93**  
4. FEI Number: **59-2724445**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **3416 Rocky Gap Pl.**  
2a. Mailing Address: **3416 Rocky Gap Pl.**  
21. Suite, Apt. #, etc.:  
22. City & State: **Cocoa**  
23. City & State: **Cocoa, FL.**  
24. Zip: **FL** Country: **BREVARD**  
25. Zip: **32926** Country: **USA**  
26. Zip: **32926** Country: **USA**  
27. Zip: **32926** Country: **USA**  
28. Zip: **32926** Country: **USA**  
29. Zip: **32926** Country: **USA**  
30. Zip: **32926** Country: **USA**

9. Name and Address of Current Registered Agent:  
~~BACON, DON~~  
~~1955 TROPICAL TRAIL~~  
~~MERRITT ISLAND FL 32953~~

10. Name and Address of New Registered Agent:  
81. Name: **RAYMOND C. Ashman**  
82. Street Address (P.O. Box Number is Not Acceptable): **3416 Rocky Gap Pl**  
83. City: **Cocoa** FL 85. Zip Code: **32926**

11. Pursuant to the provisions of Sections 617.0002 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<del>PSTD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BACON, DON</del>	
STREET ADDRESS	<del>1955 N TROPICAL TRAIL</del>	
CITY-ST-ZIP	<del>MERRITT ISLAND FL 32953</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BACON, KATHY</del>	
STREET ADDRESS	<del>1955 N TROPICAL TRAIL</del>	
CITY-ST-ZIP	<del>MERRITT ISLAND FL 32953</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SCHNEIDER, GAIL</del>	
STREET ADDRESS	<del>3715 CROSSBOW DR</del>	
CITY-ST-ZIP	<del>COCOA FL 32927</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LEO P. VETIER</b>	
1.3 STREET ADDRESS	<b>3386 Rocky Gap Pl.</b>	
1.4 CITY-ST-ZIP	<b>Cocoa, FL 32923</b>	
2.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MILTON DRAVES</b>	
2.3 STREET ADDRESS	<b>3384 Lost Canyon Pl.</b>	
2.4 CITY-ST-ZIP	<b>Cocoa, FL 32926</b>	
3.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Raymond C. Ashman</b>	
3.3 STREET ADDRESS	<b>3416 Rocky Gap Pl</b>	
3.4 CITY-ST-ZIP	<b>Cocoa, FL 32926</b>	
4.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Dorothy Mosby</b>	
4.3 STREET ADDRESS	<b>3376 Rocky Gap Pl</b>	
4.4 CITY-ST-ZIP	<b>Cocoa, FL 32926</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>KIMBERLY DRAVES</b>	
5.3 STREET ADDRESS	<b>3384 Lost Canyon Pl</b>	
5.4 CITY-ST-ZIP	<b>Cocoa FL 32926</b>	
6.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Aubrey B VANN</b>	
6.3 STREET ADDRESS	<b>3411 Craggy Bluff Pl</b>	
6.4 CITY-ST-ZIP	<b>Cocoa, FL 32926</b>	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond C. Ashman* **7/1/98** **1107-121-4011**

CR2E037 (10/97)