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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006460

1. Corporation Name
TRAILS END HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3416 ROCKY GAP PL COCOA FL 32926 US	Mailing Address 3416 ROCKY GAP PL COCOA FL 32926 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/13/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2724445
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RAYMOND C ASHMAN 3416 ROCKY GAP PL COCOA FL 32926	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEO P VERRIER		1.2 NAME John Mosby	
STREET ADDRESS 3886 ROCKY GAP PL		1.3 STREET ADDRESS 3376 Rocky Gap Pl	
CITY-ST-ZIP COCOA FL 32923		1.4 CITY-ST-ZIP COCOA, FL. 3	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILTON DRAVES		2.2 NAME	
STREET ADDRESS 3384 LOST CANYON PL		2.3 STREET ADDRESS	
CITY-ST-ZIP COCOA FL 32926		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAYMOND C ASHMAN		3.2 NAME	
STREET ADDRESS 3416 ROCKY GAP PL		3.3 STREET ADDRESS	
CITY-ST-ZIP COCOA FL 32926		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOROTHY MOSBY		4.2 NAME	
STREET ADDRESS 3376 ROCKY GAP PL		4.3 STREET ADDRESS	
CITY-ST-ZIP COCOA FL 32926		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIMBERLY DRAVES		5.2 NAME	
STREET ADDRESS 3384 LOST CANYON PL		5.3 STREET ADDRESS	
CITY-ST-ZIP COCOA FL 32926		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AUBREY B VANN		6.2 NAME	
STREET ADDRESS 3411 CRAGGY BLUFF PL		6.3 STREET ADDRESS	
CITY-ST-ZIP COCOA FL 32926		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Raymond C. Ashman Date: 3/15/99 Daytime Phone #: 1-407-636-4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND C. ASHMAN / TRAILS END

CR2E037 (1/98)