

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90020 043 ****61.25

DOCUMENT # N97000006460

1. Entity Name

TRAILS END HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3416 ROCKY GAP PL
 COCOA FL 32926
 US

3416 ROCKY GAP PL
 COCOA FL 32926-7416
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2724445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND C ASHMAN
3416 ROCKY GAP PL
COCOA FL 32926

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MOSBY, JOHN | |
| STREET ADDRESS | 3376 ROCKY GAP PL | |
| CITY-ST-ZIP | COCOA FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MILTON DRAVES | |
| STREET ADDRESS | 3384 LOST CANYON PL | |
| CITY-ST-ZIP | COCOA FL 32926 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | RAYMOND C ASHMAN | |
| STREET ADDRESS | 3416 ROCKY GAP PL | |
| CITY-ST-ZIP | COCOA FL 32926 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DOROTHY MOSBY | |
| STREET ADDRESS | 3376 ROCKY GAP PL | |
| CITY-ST-ZIP | COCOA FL 32926 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KIMBERLY DRAVES | |
| STREET ADDRESS | 3384 LOST CANYON PL | |
| CITY-ST-ZIP | COCOA FL 32926 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AUBREY B VANN | |
| STREET ADDRESS | 3411 CRAGGY BLUFF PL | |
| CITY-ST-ZIP | COCOA FL 32926 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert Price | |
| STREET ADDRESS | 3436 Rocky Gap PL | |
| CITY-ST-ZIP | COCOA, FL 32926 | |
| TITLE | C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kathy Wise | |
| STREET ADDRESS | 3424 LOST CANYON PL | |
| CITY-ST-ZIP | COCOA, FL 32926 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Heidi Rodriguez | |
| STREET ADDRESS | 3432 Echo Ridge PL. | |
| CITY-ST-ZIP | COCOA, FL 32926 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Andrew Malik | |
| STREET ADDRESS | 3749 Echo Ridge PL. | |
| CITY-ST-ZIP | COCOA, FL 32920 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Christine Chappel | |
| STREET ADDRESS | 3437 Rocky Gap PL. | |
| CITY-ST-ZIP | COCOA, FL 32926 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Mosby | |
| STREET ADDRESS | 3376 Rocky Gap PL | |
| CITY-ST-ZIP | COCOA, FL 32926 | |

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: *Raymond C Ashman* **RAYMOND C ASHMAN** **Raymond C Ashman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *1/12/00* **1/12/00**
 Daytime Phone #: *321-794-5145* **321-794-5145**

CR2E037 (9/99)