

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90855 022 \*\*\*\*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  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PO Box 236473**

City & State

City & State

**Cocoa FL**

4. FEI Number

**59-2724445**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32923-6473**

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOSBY, JOHN</b>	
STREET ADDRESS	<b>3376 ROCKY GAP PL</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MILTON DRAVES</b>	
STREET ADDRESS	<b>3384 LOST CANYON PL</b>	
CITY-ST-ZIP	<b>COCOA FL 32926</b>	
TITLE	<b>T.</b>	<input type="checkbox"/> Delete
NAME	<b>RAYMOND C ASHMAN</b>	
STREET ADDRESS	<b>3416 ROCKY GAP PL</b>	
CITY-ST-ZIP	<b>COCOA FL 32926</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDREW, MALIK</b>	
STREET ADDRESS	<b>3743 ECKBRIDGE PL</b>	
CITY-ST-ZIP	<b>COCOA FL 32920</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAPPEL, CHRISTINE</b>	
STREET ADDRESS	<b>3437 ROCKY GAP PL</b>	
CITY-ST-ZIP	<b>COCOA FL 32926</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AUBREY B VANN</b>	
STREET ADDRESS	<b>3411 CRAGGY BLUFF PL</b>	
CITY-ST-ZIP	<b>COCOA FL 32926</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARLETT, MARK</b>	
STREET ADDRESS	<b>3447 Rocky Gap Pl</b>	
CITY-ST-ZIP	<b>COCOA, FL 32926</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WINE, KATHY</b>	
STREET ADDRESS	<b>3424 LOST CANYON PL</b>	
CITY-ST-ZIP	<b>COCOA, FL 32926</b>	
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		
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: *Raymond C. Ashman* **Raymond C. Ashman** 4/16/02 321.636.4711

CR2E037 (9/01)