## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 17, 2004 8:00 am Secretary of State

DOCUMENT # N9700006460  1. Entity Name TRAILS END HOMEOWNERS ASSOCIATION, INC.		A Dise			02-17-20	04 90035 0	42 ****(	51.25	
Principal Place of Business 3251 CRAGGY BLUFF PLACE COCOA, FL 32926 US	Mailing Address P O BOX 236473 COCOA, FL 32923-647	•				~ <b>~</b> ~ ~	10	•	
2. Principal Place of Business 3384 LOST CANYON PLACE	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02032004	Chg-NP	CR2E037	(10/03)		
City & State 32926-7414	City & State	City & State		4. FEI Number 59-2724				plied For	
Zip Country	Zip	Countr	y		of Status Desired		8.75 Add		
6. Name and Address of Curren	t Registered Agent	<del></del> -		<u> </u>			ee Require	d .	
			7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name						
JENNIFER L. ROBBINS 3251 CRAGGY BLUFF PLACE COCOA, FL 32926			Street Address (P.O. Box Number is Not Acceptable) 3384 LOST CANYON PL:						
· · · · · · · · · · · · · · · · · · ·	ب ن ن ن ن ب		ند داند						
			Cocoa FL Zip Code 32926					36	
<ol><li>The above named entity submits this statement f the obligations of registered agent.</li></ol>		_	onice or registe	ered agent, or both	i, in the State Of	_		and accept	
SIGNATURE MILTON R. DRAVES Signature, typed or printed name of registered agen	TWITON K. DAG n and title if applicable. (NOTE	: Registered A	gent signature require	red when reinstating)		2/4/04 DATE	<u> </u>		
SIGNATURE MILTON R. DRAVES Signature, typed or printed name of registered agen  Filling Fee is \$61.25 Due by May 1, 2004	nt and title if applicable. (NOTE  9. Election Carry  Trust Fund C	: Hegistered Ag ipaign Fina	ancing	\$5.00 May Be Added to Fees		A/4/04  DATE  Make check orida Departi	payable t		
Filing Fee is \$61.25 Due by May 1, 2004  10. OFFICERS AND D	9. Election Carr Trust Fund C	: Hegistered Ag ipaign Fina	ancing	\$5.00 May Be		Make check orida Oeparti	payable to nem of S	late .	
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Filing Fee is \$61.25  Due by May 1, 2004  10. OFFICERS AND D  TITLE P  NAME GARY, WINE  STREET ADDRESS CITY-ST-ZIP COCOA, FL	9. Election Cam Trust Fund C	npaign Fina ontribution  11.  ITLE NAME	ADDRESS	\$5.00 May Be Added to Fees		Make check orida Osparu CERS AND DIR	payable to nent of Si ECTORS IN	10 Addition	
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FILING Fee is \$61.25 Due by May 1, 2004  10. OFFICERS AND D  TITLE GARY, WINE STREET ADDRESS CITY-ST-ZIP COCOA, FL TITLE ST. ZIP COCOA, FL TITLE ST. ZIP COCOA, FL TITLE TROBESS CITY-ST-ZIP COCOA, FL 32926  TITLE TROBBINS, JENNIFER L STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926  TITLE TROBBINS, JENNIFER L STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926	9. Election Cam Trust Fund C  IRECTORS  Delete  Delete	In a spaign Fina ontribution on tribution of	ADDRESS 1-ZIP ADDRESS 338 C-ZIP TDRA 338 C-ZIP COC TDRA 338 C-ZIP DRA 338 C-ZIP DRA 338 C-ZIP UNIN	\$5.00 May Be Added to Fees ADDITIONS/CHA BAN, ADRIE II CRAGGY E 20A, FL 36 AVES, MILT 34 LOST CAN COA, FL 36	INDESTOOFFICE TOUR REPLETE REP	Make check orida Departi CERS AND DIR	payable to nemi of Si ECTORS IN Change	10 Addition Addition	
FILING Fee is \$61.25  Due by May 1, 2004  10. OFFICERS AND D  TITLE P MAME GARY, WINE STREET ADDRESS CITY-ST-ZIP COCOA, FL STREET ADDRESS CITY-ST-ZIP TITLE T NAME STREET ADDRESS CITY-ST-ZIP TOCOCOA, FL STREET ADDRESS CITY-ST-ZIP TOCOCOA, FL STREET ADDRESS CITY-ST-ZIP COCOA, FL STREET ADDRESS CITY-ST-ZIP COCOA	9. Election Cam Trust Fund C  IRECTORS  Delete  Delete	ITILE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS -ZIP  ADDRESS 338 -ZIP  ADDRESS 338 -ZIP  ADDRESS D WIN 342	\$5.00 May Be Added to Fees ADDITIONS/CHA BAN, ADRIE II CRAGGY R COA, FL. 36 AVES, MILT 14 LOST CAN COA, FL. 36	INGES TO OFFICE  ENNE BLUFF PL R926  TON 1YON PL R926  YON PL	Make check orida Departi CERS AND DIR	payable to nerrit of Silections IN Change  Change  Change	10 Addition Addition	
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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 eath; 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: NUMBER AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Deptine Proper