


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-17-2004 90035 042 ****61.25

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| DOCUMENT # N97000006460 1. Entity Name TRAILS END HOMEOWNERS ASSOCIATION, INC. | |  |
| Principal Place of Business 3251 CRAGGY BLUFF PLACE COCOA, FL 32926 US | | Mailing Address P O BOX 236473 COCOA, FL 32923-6473 US |
| 2. Principal Place of Business 3384 LOST CANYON PLACE Suite, Apt. #, etc. COCOA, FL | 3. Mailing Address Suite, Apt. #, etc. City & State 32926-7414 | |
| City & State 32926-7414 | City & State City Country | 4. FEI Number 59-2724445 |
| Zip Country | Zip Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent JENNIFER L. ROBBINS 3251 CRAGGY BLUFF PLACE COCOA, FL 32926 | | 7. Name and Address of New Registered Agent Name MILTON R. DRAVES Street Address (P.O. Box Number is Not Acceptable) 3384 LOST CANYON PL. City COCOA FL Zip Code 32926 |
| 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. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE MILTON R. DRAVES <i>Milton R. Draves</i> | | DATE 2/4/04 |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP P GARY, WINE 3424 LOST CANYON PLACE COCOA, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP S DRAVES, MILTON 3384 LOST CANYON PL COCOA, FL 32926 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP S ORBAN, ADRIENNE 3381 CRAGGY BLUFF PL COCOA, FL 32926 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP T ROBBINS, JENNIFER L 3251 CRAGGY BLUFF PLACE COCOA, FL 32926 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP T DRAVES, MILTON 3384 LOST CANYON PL COCOA, FL 32926 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP D COX, KEVIN 3392 ECHO RIDGE PLACE COCOA, FL 32920 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP D WINE, KATHRYN 3424 LOST CANYON PL COCOA, FL 32926 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP D CHAPPEL, CHRISTINE 3437 ROCKY GAP PL COCOA, FL 32926 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP D MALIK, ANDREW 3343 ECHO RIDGE PL COCOA, FL 32926 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP D ORBAN, ADRIENNE 3381 CRAGGY BLUFF PLACE COCOA, FL 32926 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP D WHITAKER, JAMES B 3363 ECHO RIDGE PL 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: <i>Milton R. Draves</i> MILTON R. DRAVES | | DATE 2/12/04 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DAYTIME PHONE # 321.636.3967 |