


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90064 047 ****61.25

DOCUMENT # N97000006460							
1. Entity Name TRAILS END HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 3384 LOST CANYON PLACE COCOA, FL 32926-7414 US			Mailing Address P O BOX 236473 COCOA, FL 32923-6473 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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Not Applicable		04112005		Chg-NP CR2E037 (10/03)			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DRAVES, MILTON R 3384 LOST CANYON 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2005		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GARY, WINE		NAME				
STREET ADDRESS	3424 LOST CANYON PLACE		STREET ADDRESS				
CITY-ST-ZIP	COCOA, FL		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	ORBAN, ADRIENNE		NAME	S			
STREET ADDRESS	3381 CRAGGY BLUFF PL.		STREET ADDRESS	LU VIVING			
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	3252 ECHO RIDGE			
				COCOA, FL 32926			
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DRAVES, MILTON		NAME				
STREET ADDRESS	3384 LOST CANYON PL.		STREET ADDRESS				
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WINE, KATHRYN		NAME				
STREET ADDRESS	3424 LOST CANYON PL.		STREET ADDRESS				
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MALIK, ANDREW		NAME				
STREET ADDRESS	3348 ECHO RIDGE PL		STREET ADDRESS				
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	WHITAKER, JAMES B		NAME	D			
STREET ADDRESS	3363 ECHO RIDGE PL.		STREET ADDRESS	MOSBY, JOHN			
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	3376 ROCKY GAP			
				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: <u>Milton R. Draves</u> MILTON R. DRAVES			Date: <u>4/13/04</u>		Daytime Phone #: <u>321-636-3967</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		