

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90412 001 \*\*\*\*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**

**50012850**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232006 Chg-NP CR2E037 (11/05)

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**

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 MILTON R. DRAVES

*Milton R Draves*

4/13/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$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  Delete  
**P GARY, WINE**  
 STREET ADDRESS **3424 LOST CANYON PLACE**  
 CITY-ST-ZIP **COCOA, FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**S VIVING, LU**  
 STREET ADDRESS **3252 ECHO RIDGE**  
 CITY-ST-ZIP **COCOA, FL 32926**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**T DRAVES, MILTON**  
 STREET ADDRESS **3384 LOST CANYON PL.**  
 CITY-ST-ZIP **COCOA, FL 32926**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D WINE, KATHRYN**  
 STREET ADDRESS **3424 LOST CANYON PL.**  
 CITY-ST-ZIP **COCOA, FL 32926**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D MALIK, ANDREW**  
 STREET ADDRESS **3348 ECHO RIDGE PL**  
 CITY-ST-ZIP **COCOA, FL 32926**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D MOSBY, JOHN**  
 STREET ADDRESS **3376 ROCKY GAP**  
 CITY-ST-ZIP **COCOA, FL 32926**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: GARY WINE *Gary Wine*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06  
 Date

321-223-6313  
 Daytime Phone #