


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90199 023 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
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		<i>Milton R. Draves</i>		02/14/07	
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, 2007		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 checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY, WINE		NAME	REBECCA STORMANT	
STREET ADDRESS	3424 LOST CANYON PLACE		STREET ADDRESS	3427 ROCKY GAP PL	
CITY-ST-ZIP	COCOA, FL		CITY-ST-ZIP	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 checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINE, KATHRYN		NAME	FRANK ERNST	
STREET ADDRESS	3424 LOST CANYON PL.		STREET ADDRESS	3363 ECHO RIDGE PL	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA, FL 32926	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALIK, ANDREW		NAME	LESLIE MACARTHUR	
STREET ADDRESS	3348 ECHO RIDGE PL		STREET ADDRESS	3435 LOST CANYON PL	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA, FL 32926	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSBY, JOHN		NAME		
STREET ADDRESS	3376 ROCKY GAP		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Milton R. Draves</i>		MILTON R. DRAVES, TREASURER		02/14/07 321-636-3967	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	