


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 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**

40047600



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03122008 Chg-NP CR2E037 (12/08)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
59-2724445

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRAVES, MILTON R
 3384 LOST CANYON PL.
 COCOA, FL 32926**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORMANT, REBECCA 3427 ROCKY GAP PL 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-- ERNST, FRANK 3363 ECHO RIDGE PL COCOA, FL 32926	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACARTHUR, LESLIE 3435 LOST CANTON PL COCOA, FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSBY, JOHN 3376 ROCKY GAP COCOA, FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ernst, Janine 334 Craggy Bluff Pl Cocoa, FL 32926	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ernst, Frank 3363 Echo Ridge Pl Cocoa, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Stormant, Edmund 3427 Rocky Gap Pl Cocoa, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Milton R. Draves **03/11/08** **321.636.3967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #