

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743680

Entity Name: TRAILWOOD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**10349 TRAILWOOD CT
JUPITER, FL 33478**Current Mailing Address:**10349 TRAILWOOD CT
JUPITER, FL 33478 US**FEI Number:** 59-2158444**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAVOLD, KATHLEEN
10349 TRAILWOOD CT
JUPITER, FL 33478 US*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.***SIGNATURE:** KATHLEENLAVOLD

01/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LAVOLD, KATHLEEN
Address 10349 TRAILWOOD CT
City-State-Zip: JUPITER FL 33478

Title DIRECTOR
Name BOLT, JASON
Address 10442 TRAILWOOD CIRCLE
City-State-Zip: JUPITER FL 33478

Title TREASURER, DIRECTOR
Name AXELBAND, HANNAH
Address 10409 TRAILWOOD CIRCLE
City-State-Zip: JUPITER FL 33478

Title DIRECTOR
Name BRAUN, FLORETTE
Address 10370 TRAILWOOD CIR
City-State-Zip: JUPITER FL 33478

Title DIRECTOR
Name GLYNN, COLLEEN
Address 10371 TRAILWOOD CIR
City-State-Zip: JUPITER FL 33478

Title DIRECTOR
Name MCDONALD, MICHAEL
Address 10395 TRAILWOOD CIR
City-State-Zip: JUPITER FL 33478

Title DIRECTOR, SECRETARY
Name TOMASZEWSKI, SHARON
Address 10455 TRAILWOOD CIR
City-State-Zip: JUPITER FL 33478

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEENLAVOLD

PRESIDENT

01/17/2023

Electronic Signature of Signing Officer/Director Detail

Date