

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009536

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC9620504337**

**Entity Name:** THE TRAILS OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13350 W. COLONIAL DR.  
SUITE 330  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

P.O. BOX 783367  
WINTER GARDEN, FL 34778

**FEI Number: 36-4570047**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOLOMON, SPENCER R  
13350 W. COLONIAL DR.  
SUITE 330  
WINTER GARDEN, FL 34787 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name HARPER, TOM  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title VPD  
Name SANDERS, JOHNNIE  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title SD  
Name TURNER, SUSAN  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title DIRECTOR  
Name VANDERBOEGH, SUSAN  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title DIRECTOR  
Name RUSHING, DAVID  
Address PO BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

*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: TOM HARPER**

**PRESIDENT**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date