

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006851

**FILED**  
**Jan 21, 2018**  
**Secretary of State**  
**CC9315604617**

**Entity Name:** TRAILVIEW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6705 S.W. WOODBINE WAY  
PALM CITY, FL 34990

**Current Mailing Address:**

6705 S.W. WOODBINE WAY  
PALM CITY, FL 34990

**FEI Number: 56-2607987**

**Certificate of Status Desired: No**

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

BRADY, FRANK J  
6705 SW WOODBINE WAY  
PALM CITY, FL 34990 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 DP  
Name BRADY, FRANK J  
Address PO BOX 536  
City-State-Zip: OKEECHOBEE FL 34973

Title DV  
Name BRADY, ROBERT  
Address 6705 S.W. WOODBINE WAY  
City-State-Zip: PALM CITY FL 34990

Title DST  
Name TUCKER, BRANDON  
Address 104 NW 7TH STREET  
City-State-Zip: OKEECHOBEE FL 34972

Title DP  
Name BRADY, ROBERT  
Address 6705 S.W. WOODBINE WAY  
City-State-Zip: PALM CITY FL 34990

*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: ROBERT BRADY**

**DP**

**01/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date