

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000804

**Entity Name:** TRAILS END COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

4459 JUNCTION DRIVE  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

4459 JUNCTION DRIVE  
MIDDLEBURG, FL 32068 US

**FEI Number:** 46-5508742

**Certificate of Status Desired:** No

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

FIORDILISO, MIKE  
4477 JUNCTION DRIVE  
MIDDLEBURG, FL 32068 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:** FIORDILISO, MIKE

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FIORDILISO, MIKE  
Address        4477 JUNCTION DRIVE  
City-State-Zip: MIDDLEBURG FL 32068

Title            TREASURER  
Name            STEPHENS, JULIE  
Address        4459 JUNCTION DRIVE  
City-State-Zip: MIDDLEBURG FL 32068

Title            VP  
Name            CARTER, JERRY  
Address        4441 JUNCTION DR  
City-State-Zip: MIDDLEBURG FL 32068

Title            SECRETARY  
Name            FIORDILISO, DIANNA  
Address        4477 JUNCTION DR  
City-State-Zip: MIDDLEBURG FL 32068

Title            DIRECTOR  
Name            GARDNER, MATT  
Address        4458 JUNCTION DR  
City-State-Zip: MIDDLEBURG FL 32068

Title            DIRECTOR  
Name            PRATT, RICH  
Address        4465 JUNCTION DRIVE  
City-State-Zip: MIDDLEBURG FL 32068

Title            DIRECTOR  
Name            STEPHENS, SHANNON  
Address        4459 JUNCTION DRIVE  
City-State-Zip: MIDDLEBURG FL 32068

Title            ARB  
Name            HUPP, LINDSAY  
Address        4442 JUNCTION DR  
City-State-Zip: MIDDLEBURG FL 32068

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*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:** STEPHENS JULIE

**TREASURER**

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ARB  
Name CARTER, KIM  
Address 4441 JUNCTION DR  
City-State-Zip: MIDDLEBURG FL 32068

Title ARB  
Name REED, ALICIA  
Address 4448 JUNCTION DR  
City-State-Zip: MIDDLEBURG FL 32068