Certificate of Status Desired: No
ce or registered agent, or both, in the State of Florida.
01/25/2022
01/25/2022 Date
Date
Date
Date VP SMITH, SUSAN
Date VP SMITH, SUSAN SS 15120 ARABIAN WAY
Date VP SMITH, SUSAN ss 15120 ARABIAN WAY tate-Zip: MONTVERDE FL 34756
Date VP SMITH, SUSAN ss 15120 ARABIAN WAY tate-Zip: MONTVERDE FL 34756 TREASURER

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: LAWRENCE M HUFTY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/25/2022

## Entity Name: TRAILS OF MONTVERDE HOMEOWNERS' ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

DOCUMENT# N27066

FILED Jan 25, 2022 Secretary of State 3869042360CC

Date