

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27066

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC4179426003**

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

**Current Principal Place of Business:**

16623 APPALOOSA TRAIL  
MONTVERDE, FL 34756

**Current Mailing Address:**

P O BOX 560644  
MONTVERDE, FL 34756 US

**FEI Number:** 59-2921555

**Certificate of Status Desired:** No

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

TERRY, WENDY Y  
16623 APPALOOSA TRAIL  
MONTVERDE, FL 34756 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 T  
Name KOSTER, JAN  
Address 15450 ARABIAN WAY  
City-State-Zip: MONTVERDE FL 34756

Title P  
Name BURNETT, DAVID  
Address 15440 ARABIAN WAY  
City-State-Zip: MONTVERDE FL 34756

Title VP  
Name EISELE, TIM  
Address 15435 ARABIAN WAY  
City-State-Zip: MONTVERDE FL 34756

Title SECRETARY  
Name ECKHAUS, SAMANTHA  
Address 15410 ARABIAN WAY  
City-State-Zip: MONTVERDE FL 34756

Title DIRECTOR  
Name TERRY, WENDY Y  
Address 16623 APPALOOSA TRAIL  
City-State-Zip: MONTVERDE FL 34756

*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:** WENDY TERRY

**DIRECTOR**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date