

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006460

**FILED**  
**Jan 22, 2023**  
**Secretary of State**  
**7809820805CC**

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

**Current Principal Place of Business:**

3384 LOST CANYON PLACE  
COCOA, FL 32926-7414

**Current Mailing Address:**

P O BOX 236473  
COCOA, FL 32923-6473 US

**FEI Number: 59-3190014**

**Certificate of Status Desired: No**

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

DRAVES, MILTON R  
3384 LOST CANYON PL.  
COCOA, FL 32926 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 VP, DIRECTOR  
Name MOSBY, JOHN  
Address 3376 ROCKY GAP PL  
City-State-Zip: COCOA FL 32926

Title T  
Name DRAVES, MILTON  
Address 3384 LOST CANYON PL.  
City-State-Zip: COCOA FL 32926

Title D  
Name SOLDATO, CATHY  
Address 3292 ECHO RIDGE PL  
City-State-Zip: COCOA FL 32926

Title D  
Name DUVALL, DEBRA  
Address 3385 LOST CANYON PL  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name CLARK, JUSTIN  
Address 3434 LOST CANYON PL  
City-State-Zip: COCOA FL 32926

Title SECRETARY, DIRECTOR  
Name QUICK, KALA  
Address 3331 CRAGGY BLUFF PL  
City-State-Zip: COCOA FL 32926

Title PRESIDENT, DIRECTOR  
Name OBERLE, KENT  
Address 3291 CRAGGY BLUFF PL  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name STILLEY, MARK  
Address 3401 CRAGGY BLUFF PL  
City-State-Zip: COCOA FL 32926

**Continues on page 2**

*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: MILTON R. DRAVES**

**RA**

**01/22/2023**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WHITE, SHELBY  
Address 3374 LOST CANYON PL  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name CERVI , MICHELLE  
Address 3241 CRAGGY BLUFF PL  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name KIRK, NATHANIEL  
Address 3341 CRAGGY BLUFF PL  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name KERNER, CASSY  
Address 3280 CRAGGY BLUFF PL  
City-State-Zip: COCOA FL 32926