

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006460

**FILED**  
**Apr 10, 2017**  
**Secretary of State**  
**CC8433981793**

**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 PD  
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 DIRECTOR  
Name KIDD, DANNY  
Address 3350 CRAGGY BLUFF PL  
City-State-Zip: COCOA FL 32926

Title D  
Name STEVENS, RICHARD  
Address 3351 CRAGGY BLUFF PL  
City-State-Zip: COCOA FL 32926

Title D  
Name NELSON, SCOTT  
Address 3262 ECHO RIDGE PL  
City-State-Zip: COCOA FL 32926

*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**

**TREASURER**

**04/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date