

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007330

**FILED**  
**Feb 04, 2020**  
**Secretary of State**  
**8399647705CC**

**Entity Name:** THE TRAILS OF CALLAHAN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

55175 PEACEFUL TRAIL DRIVE  
CALLAHAN, FL 32011

**Current Mailing Address:**

PO BOX 1073  
CALLAHAN, FL 32011

**FEI Number:** 59-3658125

**Certificate of Status Desired:** No

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

MAGNESS, OLIVIA C  
55175 PEACEFUL TRAIL DRIVE  
CALLAHAN, FL 32011 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:** OLIVIA C MAGNESS

02/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           WAYBRIGHT, MERRY  
Address       55046 COUNTRY TRAIL DRIVE  
City-State-Zip: CALLAHAN FL 32011

Title           TREASURER  
Name           MAGNESS, OLIVIA  
Address       55175 PEACEFUL TRAIL DRIVE.  
City-State-Zip: CALLAHAN FL 32011

Title           SECRETARY  
Name           NASH, KIMBERLY  
Address       55030 COUNTRY TRAIL DRIVE  
City-State-Zip: CALLAHAN FL 32011

Title           VP  
Name           STEVENS, AMANDA C  
Address       55188 COUNTRY TRAIL DR  
City-State-Zip: CALLAHAN FL 32011

*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:** OLIVIA C MAGNESS

**TREASURER**

02/04/2020

Electronic Signature of Signing Officer/Director Detail

Date