

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

DOCUMENT# N99000007330

**Entity Name:** THE TRAILS OF CALLAHAN HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Feb 04, 2020**  
**Secretary of State**  
**8399647705CC****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