

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733554

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

201 MAIN TRAIL  
ORMOND BCH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 908  
ORMOND BCH, FL 32175

**New Mailing Address:**

**FEI Number:** 59-1651578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, KENNETH T  
201 MAIN TRAIL  
ORMOND BEACH, FL 32174 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HENRY, BOB  
Address: 201 MAIN TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S  
Name: COLLIER, WESLEY  
Address: 201 MAIN TRL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T  
Name: RICHARDSON, KEN  
Address: 201 MAIN TRL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP  
Name: RICE, STEVE  
Address: 201 MAIN TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: HAYNES, DAVID  
Address: 201 MAIN TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: HARRIS, CHUCK  
Address: 201 MAIN TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

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:** BOB HENRY

PRES

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date