

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743680 (1)

1. Corporation Name

TRAILWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 2051
JUPITER FL 33468-2051
USPO BOX 2051
JUPITER FL 33468-2051
US3. Date Incorporated or Qualified
07/24/19783a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2158444

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYER, BERNADETTE
10058 TRAILWOOD CIR
JUPITER FL 33478

81 Name Dale Smith

82 Street Address (P.O. Box Number is Not Acceptable)
10247 Trailwood Circle

83

84 City Jupiter

FL

85 Zip Code 33478

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	PETERSEN, DALE	
STREET ADDRESS	10118 TRAILWOOD CIR	
CITY-ST-ZIP	JUPITER FL	OK
TITLE	D President	DELETE
NAME	STREIT, A CHRISTINE	
STREET ADDRESS	10346 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	DELETE
NAME	MAYER, BERNADETTE	
STREET ADDRESS	10058 TRAILWOOD CIR	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	DELETE
NAME	FRAVEL, HAROLD	
STREET ADDRESS	10087 TRAILWOOD CIR	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	DELETE
NAME	MAYER, JOHN	
STREET ADDRESS	10058 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	DELETE
NAME	MIKE MORSE	
STREET ADDRESS	10490 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL	

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dale E. Smith	
1.3 STREET ADDRESS	10247 Trailwood Circle	
1.4 CITY-ST-ZIP	Jupiter FL 33478	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ed Groot	
2.3 STREET ADDRESS	10070 Trailwood Circle	
2.4 CITY-ST-ZIP	Jupiter, FL 33478	
3.1 TITLE	Maggie Groot Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	10070 Trailwood Circle	
3.4 CITY-ST-ZIP	Jupiter, FL 33478	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044202

CP2E037 (9/96)