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FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743680** (1)

1. Corporation Name

TRAILWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 2051
JUPITER FL 33468-2051
US

PO BOX 2051
JUPITER FL 33468-2051
US

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

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/24/1978

4. FEI Number

59-2158444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

SMITH, DALE
10247 THAILWOOD CIR.
JUPITER FL 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

2/22/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERSEN, DALE	
STREET ADDRESS	10118 TRAILWOOD CIR	
CITY-ST-ZIP	JUPITER FL	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	STREIT, ACHRISTINE	
STREET ADDRESS	10346 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL	

TITLE	Treasurer (D)	<input type="checkbox"/> DELETE
NAME	SMITH, DALE E	
STREET ADDRESS	10247 THAILWOOD CIR.	
CITY-ST-ZIP	JUPITER FL 33478	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GROOT, ED	
STREET ADDRESS	10070 THAILWOOD CIR.	
CITY-ST-ZIP	JUPITER FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GROOT, MAGGIE	
STREET ADDRESS	10070 THAILWOOD CIR.	
CITY-ST-ZIP	JUPITER FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Julie Donaldson	
1.3 STREET ADDRESS	10371 Trailwood Circle	
1.4 CITY-ST-ZIP	Jupiter, FL 33478	

2.1 TITLE	Secretary (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Erther Nicholas	
2.3 STREET ADDRESS	10142 Trailwood Circle	
2.4 CITY-ST-ZIP	Jupiter, FL 33478	

3.1 TITLE	John Donaldson (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Donaldson	
3.3 STREET ADDRESS	10371 Trailwood Circle	
3.4 CITY-ST-ZIP	Jupiter, FL 33478	

4.1 TITLE	Jack McNeal (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jack McNeal	
4.3 STREET ADDRESS	10238 Trailwood Circle	
4.4 CITY-ST-ZIP	Jupiter, FL 33478	

5.1 TITLE	Ixia Zamiat (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ixia Zamiat	
5.3 STREET ADDRESS	10406 Trailwood Circle	
5.4 CITY-ST-ZIP	Jupiter, FL 33478	

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 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:

2/22/98 (56)624-4922

CR2E037 (10/97)