

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 23, 1999 8:00 am**  
**Secretary of State**

06-23-1999 90001 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743680**

1. Corporation Name

**TRAILWOOD HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

PO BOX 2051  
 JUPITER FL 33468-2051  
 US

Mailing Address

PO BOX 2051  
 JUPITER FL 33468-2051  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/24/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2158444
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**SMITH, DALE**  
**10247 THAILWOOD CIR.**  
**JUPITER FL 33478**

10. Name and Address of New Registered Agent

81 Name **MCNEAL, JACK**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**10238 TRAILWOOD CIR**  
 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 Jack McNeal **JACK MCNEAL - TREASURER** DATE 5/1/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONALDSON, JULIE</b>	1.2 NAME	
STREET ADDRESS	<b>10371 TRAILWOOD CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICHOLAS, ESTHER</b>	2.2 NAME	<b>SILVER, SCOTT</b>
STREET ADDRESS	<b>10142 THAILWOOD CIRCLE</b>	2.3 STREET ADDRESS	<b>10339 TRAILWOOD CIRCLE</b>
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	2.4 CITY-ST-ZIP	<b>JUPITER FL 33478</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DONALDSON, JOHN</b>	3.2 NAME	<b>LAVOLD, KATHY</b>
STREET ADDRESS	<b>10371 TRAILWOOD CIRCLE</b>	3.3 STREET ADDRESS	<b>10349 TRAILWOOD CIRCLE</b>
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	3.4 CITY-ST-ZIP	<b>JUPITER FL 33478</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNEAL, JACK</b>	4.2 NAME	
STREET ADDRESS	<b>10238 TRAILWOOD CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAMLUT, IXIA</b>	5.2 NAME	
STREET ADDRESS	<b>10406 TRAILWOOD CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>NICOL, AMY</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>10454 TRAILWOOD CIRCLE</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>JUPITER FL 33478</b>

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, with all other like empowered.

SIGNATURE: Jack McNeal **JACK MCNEAL** DATE 5/1/99 (561) 747-8527  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)