

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743680

1. Entity Name

TRAILWOOD HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90002 025 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2158444

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MCNEAL, JACK
10238 TRAILWOOD CIRCLE
JUPITER FL 33478

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, JULIE	
STREET ADDRESS	10371 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SILVER, SCOTT	
STREET ADDRESS	10339 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAVOLD, KATHY	
STREET ADDRESS	10349 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCNEAL, JACK	
STREET ADDRESS	10238 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZAMLUT, IXIA	
STREET ADDRESS	10406 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICOL, AMY	
STREET ADDRESS	10454 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHEFORT, LARRY	
STREET ADDRESS	10130 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, SCOTT	
STREET ADDRESS	10339 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, CHRIS	
STREET ADDRESS	10070 TRAILWOOD CIRCLE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSIGNATURE (JACK MCNEAL)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/00

(561) 747-8527
Daytime Phone #

CFR2037 (9/99)