

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 743680

1. Entity 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

DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2158444

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, JAMES
10226 TRAILWOOD CIRCLE
JUPITER, FL 33478

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

000000783876

01/16/08 80031-024 61-25

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GUMSON, ADAM
10071 TRAILWOOD CIRCLE
JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
OSTAPCHUK, ANDREW
10247 TRAILWOOD CIR
JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PETERS, CRAIG
10298 TRAILWOOD CIRCLE
JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HIGGINS, JAMES
10226 TRAILWOOD CIRCLE
JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SKOMRA, GREGORY
10202 TRAILWOOD WAY
JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PIERCE, BARNEY
10106 TRAILWOOD CIRCLE
JUPITER, FL 33478

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

James Higgins

James Higgins

1/5/08

561-691-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #