FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -2 PM 5:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749435

1. Corporation Name
TRAIL EAST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
433 Plaza Real, #335 Suite 300 Boca Raton, FL 33486 US	433 Plaza Real, #335 Suite 300 Boca Raton, FL 33486 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10-22-1979
3a. Date of Last Report: 05-01-94
4. FEI Number: 59-1949977 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 5200 Town Ctr. Circle	26 5200 Town Ctr. Circle
Suite, Apt. # etc.	Suite, Apt. #, etc.
22 Suite 104	27 Suite [redacted] 205
City & State	City & State
23 Boca Raton, FL	28 Boca Raton, FL
Zip / Country	Zip / Country
24 33486 / 25 USA	29 33486 / 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. 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
Tomiko, John L. 433 Plaza Real 335 Boca Raton, FL 33432 US	81 Name: Valdes-Fauli Corporate Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): One Biscayne Twr. - #3400 83 2 S. Biscayne Blvd. 84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] , Vice President 3/2/95
Signature of (printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	P/D ☒ Change ☐ Addition
NAME	Crocker, Thomas J.	12 NAME	Geisen, John B.
STREET ADDRESS	433 Plaza Real 335	13 STREET ADDRESS	5355 Twn Center Rd. #701
CITY ST ZIP	Boca Raton, FL	14 CITY ST ZIP	Boca Raton, FL 33486
TITLE	T/D	21 TITLE	T/S/D ☒ Change ☐ Addition
NAME	Tomiko, John L.	22 NAME	Bell, Kathleen T.
STREET ADDRESS	433 Plaza Real 335	23 STREET ADDRESS	5200 Twn Center Circle #[redacted] 205
CITY ST ZIP	Boca Raton, FL	24 CITY ST ZIP	Boca Raton, FL 33486
TITLE	S/D	31 TITLE	VP/D ☒ Change ☐ Addition
NAME	Sklar, Joanne	32 NAME	Bengel, David
STREET ADDRESS	433 Plaza Real 335	33 STREET ADDRESS	5200 Twn Center Circle #[redacted] 205
CITY ST ZIP	Boca Raton, FL	34 CITY ST ZIP	Boca Raton, FL 33486
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	Besnyo, George	42 NAME	
STREET ADDRESS	5372 Buckhead Cir	43 STREET ADDRESS	
CITY ST ZIP	Boca Raton, FL	44 CITY ST ZIP	
TITLE	~~D~~	51 TITLE	20000114 ☐ Change ☐ Addition
NAME	~~Onisko, Robert B.~~	52 NAME	-05/03/95--01108--007
STREET ADDRESS	~~433 Plaza Real 335~~	53 STREET ADDRESS	****130.00 ****130.00
CITY ST ZIP	~~Boca Raton, FL~~	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Toole, William	62 NAME	
STREET ADDRESS	5311 Park Pl Cir	63 STREET ADDRESS	
CITY ST ZIP	Boca Raton, FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 04/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Kathleen T. Bell