



FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 749435 (4)</b> 1. Corporation Name <b>TRAIL EAST PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5100 TOWN CENTER CIR. 430 BOCA RATON FL 33486 US</b>			Mailing Address <b>5100 TOWN CENTER CIR. 430 BOCA RATON FL 33486 US</b>		
2. Principal Place of Business 21 <b>5200 Town Center Circle</b> Suite, Apt. #, etc. 22 <b>#306</b> City & State 23 Zip 24 Country 25		2a. Mailing Address 26 <b>5200 Town Center Circle</b> Suite, Apt. #, etc. 27 <b>#306</b> City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>10/22/1979</b> 4. FEI Number <b>59-1949977</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>GUNSTER, YOAKLY, VALDES-FAULI &amp; STEWART PA ONE BISCAYNE TWR-3400 2 S. BISCAYNE BLVD. BOCA RATON FL 33432</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 _____					
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	GEISEN, JOHN B.		1.2 NAME		
STREET ADDRESS	5355 TWN. CNTR. RD. #701		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, KATHLEEN T.		2.2 NAME		
STREET ADDRESS	5100 TOWN CENTER CIR. #430		2.3 STREET ADDRESS	<b>5200 Town Center Circle #306</b>	
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENGEL, DAVID		3.2 NAME	<b>Richard L. Cadmus</b>	
STREET ADDRESS	5200 TWIN CENTER CIR. #430		3.3 STREET ADDRESS	<b>5200 Town Center Circle #306</b>	
CITY-ST-ZIP	BOCA RATON FL 33486		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BESNYO, GEORGE		4.2 NAME	<b>Rod Goldenberg</b>	
STREET ADDRESS	5272 BUCKHEAD CIR		4.3 STREET ADDRESS	<b>21300 Lennox Drive</b>	
CITY-ST-ZIP	BOCA RATON FL 33486		4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEJONG, HENDRICK		5.2 NAME		
STREET ADDRESS	5297 BUCKHEAD CIRCLE		5.3 STREET ADDRESS	<b>21300 Lennox Drive</b>	
CITY-ST-ZIP	BOCA RATON FL 33486		5.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:  TSD 04-28-98 561-361-9804 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045796					

CR2E037 (10/97)