


FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90111 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 749435					
1. Corporation Name TRAIL EAST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 5200 TOWN CENTER CIR 306 BOCA RATON FL 33486 US			Mailing Address 5200 TOWN CENTER CIR 306 BOCA RATON FL 33486 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/22/1979 4. FEI Number 59-1949977 Applied For Not Applicable	
24		25		29 30	
9. Name and Address of Current Registered Agent GUNSTER, YOAKLY, VALDES-FAULI & STEWART PA ONE BISCAYNE TWR. 3400 2 S. BISCAYNE BLVD. BOCA RATON FL 33432			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	GEISEN, JOHN B.				
STREET ADDRESS	5355 TWN. CNTR. RD. #701				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE	TSD	<input type="checkbox"/> DELETE			
NAME	BELL, KATHLEEN T.				
STREET ADDRESS	5200 TOWN CENTER CIR 306				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	CADMUS, RICHARD L				
STREET ADDRESS	5200 TOWN CENTER CIR 306				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GOLDENBERG, ROD				
STREET ADDRESS	21300 LENNOX DR				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DEJONG, HENDRICK				
STREET ADDRESS	21300 LENNOX DR				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: _____

SIGNATURE REQUIRED

04-07-99

561-361-9804

Date

Daytime Phone #

CR2E037-(41/99)