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Zip

Suite, Apt. #, etc.

City & State

NONPROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 749435

1. Corporation Name

Suite, Apt. #, etc.

City & State

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Zip

TRAIL EAST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5200 TOWN CENTER CIR	5200 Town Center Cir
506	306
BOCA RATON FL 33486	Boca Raton FL 33486
US	US

9. Name and Address of Current Registered Agent

Country

25

## FILED Apr 14, 1999 8:00 am Secretary of State

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

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□ -, -

3. Date Incorporated or Qualifed

5. Certificate of Status Desired -

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

10/22/1979

59-1949977

4. FEI Number

GUNSTER, YOAKLY, VALDES-FAULI & STEWART PA			' '	01 Name						
			82	Stre	reet Address (P.O. Box Number is Not Acceptable)					
2 S. BISCAYNE BL		99	83							
BOCA RATON FL		71-41	84	City		85 Zip	Code			
					<u></u>					
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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										
Signature, ty	OFFICERS AND DIRECTO		13.	t signatu	ADDITIONS/CHANGES TO OFFICERS AND	DIDECT	OPS IN 12			
	OFFICERS AND DIRECTO	DELETE			ADDITIONS/CHANGES TO OFFICERS AND	Change				
	•		1.1 TITLE 1.2 NAME			LJ Ontrigo	- Yournow			
I .	GEISEN, JOHN B.: 5355 TWN. CNTR. RD. #701				· ·		•			
	DCA RATÓN FL 33486		1.3 STREET ADDRESS		50					
TITLE TSD	VATOR 1 E 00400	☐ DELETE	2.1 TITLE	-21		Change	Addition			
1.55	BELL, KATHLEEN T.		2.2 NAME	<del></del>		_ '	_			
			2.3 STREET	ADDRES	SS					
1	ATON FL 33486		2. 4 CITY-S							
TITLE VPD		DELETE	3.1 TITLE			Change	☐ Addition			
NAME CADMU	S, RICHARD L		3.2 NAME		·		,			
STREET ADDRESS 5200 TO	OWN CENTER CIR 306	· · · · · · · · · · · · · · · · · · ·	3.3 STREET	ADDRES	ss					
CITY-ST-ZIP BOCA F	KATON FL 33486		3.4. OTTY-51	r- ZIP						
TITLE D		☐ DELETE	4.1 TITLE			Change	☐ Addition			
NAME GOLDE	NBERG, ROD		4.2 NAME							
STREET ADDRESS 21300 L	ennox dr		4.3 STREET	ADDRES	ss					
CITY-ST-ZIP BOCA F	ATON FL 33486		4.4 CITY-ST	-ZIP		·				
TITE D		DELETÉ	5.1 TITLE			Change	Addition			
NAME DEJONO	G, HENDRICK		5.2 NAME							
STREET ADDRESS 21300 L	21300 LENNOX DR		5.3 STREET ADDRESS		es .					
CITY-ST-ZIP BOCA F	ATON FL 33486		5.4 CITY- ST	-ZIP						
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition			
NAME			6.2 NAME		·					
STREET ADDRESS			6.3 STREET	ADORES	ss ·		l			
CITY-ST-ZIP	ht lafe Alle Alle Alle		6.4 CITY-ST	-ZIP						

Country

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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, with all other like empowered.

SIGNATURE:

/SIGNATURE REQUIP/FIDA

04.01.99

0761-361-9804 Daytime Phone # 2F037\_(44/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable