


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90065 044 ****61.25

DOCUMENT # 754879 1. Entity Name TRAILS WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 110 OLD TREE LINE TRAIL DELAND, FL 32724			Mailing Address 110 OLD TREE LINE TRAIL DELAND, FL 32724		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2596432	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RANSBOTTOM, LUELLEN 991 OLD MILL RUN ORMOND BCH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CEELEY, MARY E. 56 FERNWOOD TRAIL DELAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLAR, DAVID 3402 BLACK WILLOW TRAIL DELAND, FL 32724	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEEBLER, BILL 110 FALLEN TIMBER TR DELAND, FL 32724	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, JOE 269 CROOKAL TREE TR DELAND, FL 32724	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SHEPARD, THOMAS 3378 BLACK WILLOW TRAIL DELAND, FL 32724	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, ROSS 210 SHADY BRANCH TR. DELAND, FL 32724	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wade Rowdon				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	230 Crooked Tree Trail DELAND FL 32724				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alicia Schulthies				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	336 Crooked Tree Trail DELAND FL 32724				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD				
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: <u>Ross Geiger</u> Ross Geiger 1-26-06 386-740-1472 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

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D.

Alex Echeverria
293 Crooked Tree Tr.
DeLand FL 32724

D

Lew Carney
3309 Buffalo Tr.
DeLand FL 32724

D

Jack York
24 Willowood Trail
DeLand FL 32724