

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90038 050 \*\*\*\*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**

**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2596432**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RANSBOTTOM, LUELLEN  
991 OLD MILL RUN  
ORMOND BCH, FL 32174**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	CEELEY, MARY E.
STREET ADDRESS	56 FERNWOOD TRAIL
CITY-ST-ZIP	DELAND, FL
TITLE	PD
NAME	SOLAR, DAVID
STREET ADDRESS	3402 BLACK WILLOW TRAIL
CITY-ST-ZIP	DELAND, FL 32724
TITLE	PD
NAME	ROWDON, WADE
STREET ADDRESS	230 CROOKED TREE TRL
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	PAGE, JOE
STREET ADDRESS	269 CROOKAL TREE TR
CITY-ST-ZIP	DELAND, FL 32724
TITLE	VPD
NAME	SCHULTHERS, ALICIA
STREET ADDRESS	336 CROOKED TREE TRL
CITY-ST-ZIP	DELAND, FL 32724
TITLE	TD
NAME	GEIGER, ROSS
STREET ADDRESS	210 SHADY BRANCH TR.
CITY-ST-ZIP	DELAND, FL 32724

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IN THIS SPACE**

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:** *DAVID SOLAR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-6-07 386 738 4581*

Date

Daytime Phone #