

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90047 013 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 SD ☒ Delete
NAME CEELEY, MARY E.
STREET ADDRESS 56 FERNWOOD TRAIL
CITY-ST-ZIP DELAND, FL

TITLE **PD** ☐ Change ☒ Addition
NAME **KIRK BAUER**
STREET ADDRESS **3355 BLACK BEAR TRAIL**
CITY-ST-ZIP **DELAND FL 32724**

TITLE PD ☒ Delete
NAME SOLAR, DAVID
STREET ADDRESS 3402 BLACK WILLOW TRAIL
CITY-ST-ZIP DELAND, FL 32724

TITLE **S.D.** ☐ Change ☒ Addition
NAME **LEW CARNEY**
STREET ADDRESS **3309 BUFFALO TR.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE PD ☒ Delete
NAME ROWDON, WADE
STREET ADDRESS 230 CROOKED TREE TRL
CITY-ST-ZIP DELAND, FL 32724

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES GROSE**
STREET ADDRESS **39 MEADOWOOD TR.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE D ☒ Delete
NAME PAGE, JOE
STREET ADDRESS 269 CROOKAL TREE TR
CITY-ST-ZIP DELAND, FL 32724

TITLE **D** ☐ Change ☒ Addition
NAME **MARK LAFLAMME**
STREET ADDRESS **3426 BLACK WILLOW TR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE VPD ☐ Delete
NAME SCHULTHERS, ALICIA
STREET ADDRESS 336 CROOKED TREE TRL
CITY-ST-ZIP DELAND, FL 32724

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GEIGER, ROSS
STREET ADDRESS 210 SHADY BRANCH TR.
CITY-ST-ZIP DELAND, FL 32724

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Ross M. Geiger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

DATE

386 740-1472

DAYTIME PHONE #