

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754879

FILED
Jan 25, 2009
Secretary of State

Entity Name: TRAILS WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

110 OLD TREE LINE TRAIL
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

110 OLD TREE LINE TRAIL
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-2596432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAUER, KIRK
Address: 3355 BLACK BEAR TRL
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: CARNEY, LEW
Address: 3309 BUFFALO TRL
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: GROSE, JAMES
Address: 39 MEADOWOOD TRL
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: LAFLAMME, MARK
Address: 3426 BLACK WILLOW TRL
City-St-Zip: DELAND, FL 32724

Title: VPD () Delete
Name: SCHULTHERS, ALICIA
Address: 336 CROOKED TREE TRL
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: GEIGER, ROSS
Address: 210 SHADY BRANCH TR.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GROSE, JAMES
Address: 39 MEADOWOOD TRL
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOBBY, TILLMAN
Address: 221 CROOKED TREE TRAIL
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK T. BAUER

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date