

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 759632**

1. Entity Name  
**THE TRAILS PROPERTY OWNERS, INC.**



Principal Place of Business

**239 FRENCHMANS  
CREEK WAY  
WINTER HAVEN, FL 33884**

Mailing Address

**239 FRENCHMANS  
CREEK WAY  
WINTER HAVEN, FL 33884**



01042006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2287349**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

**STAVROS, KAY  
239 FRENCHMANS CREEK WAY  
WINTER HAVEN, FL 33884**

**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 reinstalling)

**U000000379541**  
**01/10/06-80025-020 61.25**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	BENNETT, JAY
STREET ADDRESS	258 FRENCHMANS CREEK
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	VD
NAME	WHITWORTH, DALE
STREET ADDRESS	210 OLD SPANISH WAY
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	S
NAME	BENNETT, KIM
STREET ADDRESS	258 FRENCHMANS CREEK
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	TD
NAME	STAVROS, KAY
STREET ADDRESS	239 FRENCHMANS CREEK WAY
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:** *Kay Stavros* **KAY STAVROS, TREAS.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/06**  
Date

Daytime Phone #