

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

FILED
Jan 22, 2007 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**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2287349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reappointing) 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**

000000598734
01/24/07-80085-021 61.25

10. OFFICERS AND DIRECTORS

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

1/18/07
Date

(863) 324-7032
Daytime Phone #