

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90134 001 ****30.62
02-13-2006 90134 002 ****30.63

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01192006 Chg-NP CR2E037 (11/05)

DOCUMENT # 760828 1. Entity Name TRAILWOOD TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3960 WILLOW TRAIL RUN M-51 PT ORANGE, FL 32127			Mailing Address 3960 WILLOW TRAIL RUN M-51 PT ORANGE, FL 32127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2231932			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SLATER, GWEN CPA 3869 S. NOVA RD #1 PORT ORANGE, FL 32127			Name Street Address (P.O. Box Number is Not Acceptable) 4643 CLYDE MORRIS BLVD SUITE 308 City PORT ORANGE FL Zip Code 32129		
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 <u>Gwen Slater</u>		<u>Gwen Slater</u>		2-7-06	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERSDORF, PATRICIA		NAME	Brian Nardieello	
STREET ADDRESS	3960 WILLOW TRAIL RUN #2202		STREET ADDRESS	3960 Willow Trail Run #1703	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Port Orange FL 32127	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, SUE		NAME	Mike Palmier	
STREET ADDRESS	3960 WILLOW TRAIL RUN #1903		STREET ADDRESS	3960 Willow Trail Run #12	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Port Orange FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESPOSITO, BRIAN		NAME	Debbie Hills	
STREET ADDRESS	3960 WILLOW TRAIL RUN #2201		STREET ADDRESS	3960 Willow Trail Run #2302	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Port Orange FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORRICK, PAUL		NAME	Jim Muller	
STREET ADDRESS	3960 WILLOW TRAIL RUN #1404		STREET ADDRESS	3960 Willow Trail Run #1407	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Port Orange FL 32127	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, JOHN JR		NAME	Santiago Giraldo	
STREET ADDRESS	3960 WILLOW TRAIL RUN #1801		STREET ADDRESS	3960 Willow Trail Run #2203	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Port Orange FL 32127	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Heidi Freund	
STREET ADDRESS			STREET ADDRESS	3960 Willow Trail Run #1905	
CITY-ST-ZIP			CITY-ST-ZIP	Port Orange FL 32127	
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: <u>Brian Nardieello</u>			02-06-06 (386) 304-7303		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		