

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760828

FILED
May 01, 2009
Secretary of State

Entity Name: TRAILWOOD TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3960 WILLOW TRAIL RUN
M-51
PT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

3960 WILLOW TRAIL RUN
M-51
PT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2231932 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLATER, GWEN CPA
3869 S. NOVA RD #1
PORT ORANGE, FL 32127 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: NARDIELLO, BRIAN
Address: 3960 WILLOW TRL RN 1703
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: PALMIER, MIKE
Address: 3960 WILLOW TRL RUN 12
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: FREUND, HEIDI
Address: 3960 OAK TRL RUN 1905
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: FREUND, HEIDI
Address: 3960 OAK TRAIL RUN #1905
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: RUE, EDWARD
Address: 3960 OAK TRL RUN #2103
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: GOODMAN, GLORIA
Address: 3960 WILLOW TRAIL RUN 1704
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: HEIDI FREUND

T

05/01/2009

Electronic Signature of Signing Officer or Director

Date