

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760828

FILED
Apr 23, 2012
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 ()

Name and Address of Current Registered Agent:

SLATER, GWEN CPA
4643 CLYDE MORRIS BLVD.
SUITE #308
PORT ORANGE, FL 32129 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
Name: NARDIELLO, BRIAN
Address: 3960 WILLOW TRL RN 1703
City-St-Zip: PORT ORANGE, FL 32127

Title: VP
Name: WOOD, WILLIAM
Address: 3960 OAK TRL RUN 2001
City-St-Zip: PORT ORANGE, FL 32127

Title: T/S
Name: RUE, EDWARD
Address: 3960 OAK TRAIL RUN 2103
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: POTERALSKI, HEIDI
Address: 5939 SHADY CREEK LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: D
Name: SIEGRIST, KAREN
Address: 3960 OAK TRL RUN 1908
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: WILKES, VICKI
Address: 3960 OAK TRAIL RUN 1801
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: EDWARD S. RUE

S/T

04/23/2012

Electronic Signature of Signing Officer or Director

Date