

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761146

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE TRAILS SOUTH FORTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

75 SOUTH FORTY TRAIL
ORMOND BEACH, FL 321745990 US

New Principal Place of Business:

Current Mailing Address:

75 SOUTH FORTY TRAIL
ORMOND BEACH, FL 321745990 US

New Mailing Address:

FEI Number: 59-2596425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

P & D MANAGEMENT, LLC
1655 NORTH CLYDE MORRIS BLVD.
SUITE 1
DAYTONA BEACH, FL 32117 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: MORGART, RICHARD E
Address: 100 HAY BALE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TD () Delete
Name: FITZGERALD, JOAN
Address: 99 HAY BALE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VD () Delete
Name: MEYER, ROBERT
Address: 101 HAY BALE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SD () Delete
Name: DRISCOLL, RHONDA
Address: 104 COTTONSEED TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D () Delete
Name: REILLY, TOM
Address: 90 OX BOW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D () Delete
Name: MOORE, PATRICIA
Address: 117 HORSESHOE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

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:

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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: RICHARD E. MORGART

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date