2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# 761146

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:	
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: RICHARD E. MORGART PD 01/22/2009

Electronic Signature of Signing Officer or Director — Date