

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770783

FILED
Jun 07, 2007
Secretary of State

Entity Name: TROUT LAKE VILLAGE HOMEOWNERS ASSOCIATION, UNIT 1, INC.

Current Principal Place of Business:

115 S. SPRING BLVD
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

115 S. SPRING BLVD.
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-2625886 **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:

Name and Address of New Registered Agent:

SCHOLL, DONALD E.
115 SOUTH SPRING BLVD.
TARPON SPRINGS, FL 33589 US

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: SCHOLL, DONAL E
Address: 115 SOUTH SPRING BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VST () Delete
Name: SCHOLL, DONALD E.,
Address: 115 SOUTH SPRING BLVD.
City-St-Zip: TARPON SPRINGS, FL

Title: D () Delete
Name: SCHOLL, DONALD E.,
Address: 115 SOUTH SPRING BLVD.
City-St-Zip: TARPON SPRINGS, FL

Title: D () Delete
Name: SCHOLL, ANN MARIE
Address: 115 S SPRING BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: SCHOLL, ROBERT
Address: 115 S. SPRING BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

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:

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: DONALD E SCHOLL

PD

06/07/2007

Electronic Signature of Signing Officer or Director

Date