

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90039 029 \*\*\*\*61.25

**DOCUMENT # N00000002707**

1. Entity Name

**THE TRAILS OF TITUSVILLE HOMEOWNERS ASSOCIATION,**

Principal Place of Business

**235 SOUTH MAITLAND AVENUE #216  
 MAITLAND FL 32751**

Mailing Address

**235 SOUTH MAITLAND AVENUE #216  
 MAITLAND FL 32751**

**310272**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, BERRY J JR.  
 235 SOUTH MAITLAND AVENUE  
 SUITE 216  
 MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

*BERRY J. WALKER, JR.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*5/1/01*  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD WALKER, BERRY J JR. 235 SOUTH MAITLAND AVENUE #216 MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WALKER, BERRY J SR. 235 SOUTH MAITLAND AVENUE #216 MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TUDHOPE, WALLACE W 235 SOUTH MAITLAND AVENUE #216 MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*BERRY J. WALKER, JR.*

*5/1/01 407-644-6535*

CR2E037 (10/00)