2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N02000009415

Entity Name: TRAILS OF SEMINOLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 81-0607393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: STD ( ) Delete
Name: VON DREELE, WAYNE
Address: 411 CENTRAL PARK AVE
City-St-Zip: SANFORD, FL 32771

Title: VPD ( ) Delete
Name: HOWARD, SCOTT
Address: 411 CENTRAL PARK AVE
City-St-Zip: SANFORD, FL 32771

Title: PD ( ) Delete
Name: FRIEDMAN, GEORGE
Address: 955 KELLER RD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COOLEY, JASON M
Address: 129 FESTIVE CT
City-St-Zip: OVIEDO, FL 32766

Title: VPD (X) Change ( ) Addition
Name: FERGUSON, MELISSA
Address: 286 VELVETEEN PL
City-St-Zip: OVIEDO, FL 32766

Title: TSD (X) Change ( ) Addition
Name: KUNIEGEL, LEWIS
Address: 632 RED PEPPER LOOP
City-St-Zip: OVIEDO, FL 32766

Title: D ( ) Change (X) Addition
Name: TWIFORD, DALLAS
Address: 334 VELVETEEN PL
City-St-Zip: OVIEDO, FL 32766

Title: D ( ) Change (X) Addition
Name: CHADEAYNE, GARY
Address: 257 ORGANZA PL
City-St-Zip: OVIEDO, FL 32766

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: JASON M COOLEY PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date