

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

**APPROVED  
AND  
FILED**

1997 APR 21 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200002150762--7  
-04/22/97--01050--023  
\*\*\*\*297.50 \*\*\*\*297.50

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # ~~ND2952~~ ND2952  
1. Corporation Name  
**TRAILS EAST HOME OWNERS ASSOCIATION OF  
MALDEN COUNTY INC.**

Principal Place of Business Mailing Address  
**13000 EAST HWY 40 SILVER SPRINGS FL 34488**  
**64225 BY MILLER RD #190 FLINT, MI. 48507**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**NOV 20, 1987 5-2-95**  
4. FEI Number Applied For  
**59-3015449** Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GENTILE, ANTHONY  
200 E BROADWAY  
KISSIMEE, FL. 34741**

10. Name and Address of New Registered Agent  
81 Name **LINDA TABOR**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2320 NE 2ND ST SUITE 38**  
83  
84 City **OCALA** FL 85 Zip Code **34470**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.  
SIGNATURE *Linda Tabor* DATE **2/5/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTILE, ANTHONY	1.2 NAME	HERBERT HEIN
STREET ADDRESS	200 E BROADWAY	1.3 STREET ADDRESS	64225 BY MILLER RD #190
CITY-ST-ZIP	KISSIMEE, FL 34741	1.4 CITY-ST-ZIP	FLINT, MI 48507
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP & O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BURDS	2.2 NAME	DONNA CONGOON
STREET ADDRESS	200 E BROADWAY	2.3 STREET ADDRESS	64225 BY MILLER RD #190
CITY-ST-ZIP	KISSIMEE, FL 34741	2.4 CITY-ST-ZIP	FLINT, MI 48507
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENTZELL RICHARD	3.2 NAME	DONNA CONGOON
STREET ADDRESS	200 E BROADWAY	3.3 STREET ADDRESS	64225 BY MILLER RD #190
CITY-ST-ZIP	KISSIMEE, FL 34741	3.4 CITY-ST-ZIP	FLINT, MI 48507
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	ST & <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ERICKA HADBIK
STREET ADDRESS		4.3 STREET ADDRESS	64225 BY MILLER RD #190
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FLINT, MI. 48507
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PRES. DATE: **2-5-97** 810 733 6342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

**REINSTATEMENT**