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Feb 01, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-01-1999 90029 033 *****61.25

DOCUMENT # N02952

1. Corporation Name

TRAILS EAST PROPERTY OWNER'S ASSOCIATION OF MARI
ON COUNTY, INC.

Principal Place of Business

13000 EAST HWY 40
SILVER SPRINGS FL 34488

Mailing Address

G4225 BY MILLER RD
#190
FLINT MI 48507



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/08/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3015449

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TABOR, LINDA
2320 N.E. 2ND STREET
SUITE 3B
OCALA FL 34470

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME HEIN, HERBERT
STREET ADDRESS G4225 BY MILLER RD., #190
CITY-ST-ZIP FLINT MI 48507

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME CONGDON, DONNA
STREET ADDRESS G4225 BY MILLER RD., #190
CITY-ST-ZIP FLINT MI 48507

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD DELETE
NAME HADDIX, ERICKA
STREET ADDRESS G4225 BY MILLER #190
CITY-ST-ZIP FLINT MI 48507

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE *Donna Congdon* SIGNATURE REQUIRED *Donna Congdon VPD* 1-15-99 810 733-6342

CR2E037 (11/98)