

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003054

FILED
Jan 28, 2009
Secretary of State

Entity Name: TRAILS AT DURANT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8425 N. HUBERT AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

PO BOX 3566
PLANT CITY, FL 33563

New Mailing Address:

8425 N. HUBERT AVENUE
TAMPA, FL 33614

FEI Number: 11-3699639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADNIL PROFESSIONALS, INC.
8425 N. HUBERT AVENUE
TAMPA,, FL 33614 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: PRES () Delete
Name: MONTIBELLO, ALPHONSO
Address: 2721 DURANT TRAILS BLVD
City-St-Zip: DOVER, FL 33527

Title: VP () Delete
Name: RIDLEY, SEAN
Address: 2723 DURANT TRAILS BLVD
City-St-Zip: DOVER, FL 33527

Title: S () Delete
Name: HOUGHTON, KERRY
Address: 2819 DURANT TRAILS BLVD
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: MCDEED, MARGARET
Address: 2606 DURANT TRAILS BLVD
City-St-Zip: DOVER, FL 33527

Title: BMBR () Delete
Name: RABURN, TIM
Address: 2716 DURANT TRLS BLVD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BREAW, DEBBIE
Address: 2725 DURANT TRAILS BLVD
City-St-Zip: DOVER, FL 33527

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BMBR (X) Change () Addition
Name: WAURISHUK, DEBBIE
Address: 2810 DURANT TRLS BLVD
City-St-Zip: DOVER, FL 33527

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: ALPHONSO MONTIBELLO

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date