

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009536

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** THE TRAILS OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1661 MISTFLOWER LANE  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

P.O. BOX 783367  
WINTER GARDEN, FL 34778

**Current Mailing Address:**

1661 MISTFLOWER LANE  
WINTER GARDEN, FL 34787

**New Mailing Address:**

P.O. BOX 783367  
WINTER GARDEN, FL 34778

**FEI Number:** 36-4570047      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STEPHAN, REINHARD G ESQ  
2015 W. SR 434  
LONGWOOD, FL 32779      US

**Name and Address of New Registered Agent:**

SOLOMON, SPENCER R  
113 DESIREE AURORA ST.  
WINTER GARDEN, FL 34787      US

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: SPENCER R. SOLOMON

05/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MCCREADY, JULIE  
Address: 1661 MISTFLOWER LANE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP      ( ) Delete  
Name: GARLOCK, TROY  
Address: 1661 MISTFLOWER LANE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: ST      ( ) Delete  
Name: RUSSO, KARI  
Address: 1661 MISTFLOWER LANE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: MCCREADY, JULIE  
Address: 1661 MISTFLOWER LANE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD      (X) Change ( ) Addition  
Name: GARLOCK, TROY  
Address: 1661 MISTFLOWER LANE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD      (X) Change ( ) Addition  
Name: KNAPPMAN, TOM  
Address: 1643 MISTFLOWER LANE  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE MCCREADY

PD

05/03/2006

Electronic Signature of Signing Officer or Director

Date