

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009536

FILED
Apr 03, 2008
Secretary of State

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

Current Principal Place of Business:

2582 SOUTH MAGUIRE RD
318
OCOEE, FL 34761

New Principal Place of Business:

2582 SOUTH MAGUIRE RD
SUITE 318
OCOEE, FL 34761

Current Mailing Address:

P.O. BOX 783367
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 36-4570047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER R
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: PD () Delete
Name: HARPER, TOM
Address: 1225 RUNNING OAK LANE
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: STD () Delete
Name: KNAPPMAN, REGINA
Address: 1643 MISTFLOWER LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: SANDERS, JOHNNIE
Address: 1224 RUNNING OAK LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: ROCHESTER, DARRYL
Address: 1431 MISTFLOWER LANE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SPENCER SOLOMON

RA

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date