2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# N04000004317

Entity Name: TRAILER CITY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3 HOLLY DR
WINTER GARDENS, FL 34787

New Principal Place of Business:

Current Mailing Address:

3 HOLLY DR
WINTER GARDENS, FL 34787

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUDLEY, BARBARA R
3 HOLLY DR
WINTER GARDENS, 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: D ( ) Delete
Name: BURNS, ANDREW
Address: 6 LAUREL DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: DUDLEY, BARBARA
Address: 3 HOLLY DR
City-St-Zip: WINTER GARDENS, FL 34787

Title: D ( ) Delete
Name: NICHOLS, CAROL
Address: 19 TEMPLE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: WASHBURN, DOROTHY
Address: 22 ORANGE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete
Name: NOHR, DORIS
Address: 5 GARDENIA DR
City-St-Zip: WINTER GARDEN, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: DARING, ROSE
Address: 35 JUNELLEN LN
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 Section 119.07(3)(i), 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: ANDY BRUNS P 03/29/2005

Electronic Signature of Signing Officer or Director — Date