2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004317

FILED Jan 23, 2007 Secretary of State

Entity Name: TRAILER CITY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3 HOLLY DR

WINTER GARDENS, FL 34787

Current Mailing Address: New Mailing Address:

3 HOLLY DR

WINTER GARDENS, FL 34787

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

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

DUDLEY, BARBARA R 3 HOLLY DR

WINTER GARDENS, 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:

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 () Delete Name: DARING, ROSE

Address: 35 JUNELLEN LN City-St-Zip: WINTER GARDEN, FL 34787 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PRES (X) Change () Addition

Name: BURNS, ANDREW Address: 6 LAUREL DR

City-St-Zip: WINTER GARDEN, FL 34787

Title: SEC, (X) Change () Addition

Name: DUDLEY, BARBARA

Address: 3 HOLLY DR

City-St-Zip: WINTER GARDENS, FL 34787

Title: VP (X) Change () Addition

Name: COLE, ROBERT Address: 24 TEMPLE DR.

City-St-Zip: WINTER GARDEN, FL 34787

Name: WASHBURN, DOROTHY Address: 22 ORANGE DR

City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change () Addition

Name: CLARK, GRACE Address: 5 CAMELLIA

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: DOROTHY WASHBURN TREA 01/23/2007