2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N04000004317

Entity Name: TRAILER CITY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3 PALM DR.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

3 PALM DR.
WINTER GARDEN, 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:

BRUNS, ANDREW
3 PALM DR.
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: PRES ( ) Delete
Name: BRUNS, ANDREW
Address: 3 PALM
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Delete
Name: COLE, ROBERT
Address: 24 TEMPLE DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: SEC ( ) Delete
Name: KARIN, MARY ANN
Address: 13 CREST AVE
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: DIR. ( ) Delete
Name: CLARK, GRACE
Address: 5 CAMELIA
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: DOROTHY WASHBURN TREA 02/16/2009
Electronic Signature of Signing Officer or Director — Date