2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006
Secretary of State

DOCUMENT# N05000005718

Entity Name: TRAIL RIDGE MASTER DRAINAGE ASSOCIATION, INC.

Current Principal Place of Business:

8900 KEYSTONE CROSSING SUITE 1200
GATEWAY SHOPPES II
INDIANAPOLIS, IN 46240

New Principal Place of Business:

Current Mailing Address:

8900 KEYSTONE CROSSING SUITE 1200
GATEWAY SHOPPES II
INDIANAPOLIS, IN 46240

New Mailing Address:

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

DURSO, SAMUEL J MD
11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113 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: DURSO, SAMUEL
Address: 11145 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete
Name: STRAUSS, ERIC
Address: 2001 SE 10TH STREET
City-St-Zip: BENTONVILLE, AR 72716

Title: D ( ) Delete
Name: WARSTLER, ROBERT
Address: 4525 E 82ND STREET
City-St-Zip: INDIANAPOLIS, IN 46250

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:

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: SAMUEL J. DURSO MD D 08/09/2006
Electronic Signature of Signing Officer or Director — Date