

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005718

FILED
Apr 10, 2012
Secretary of State

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:

HABITAT FOR HUMANITY OF COLLIER COUNTY INC
11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Mailing Address:

11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

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

Name and Address of Current Registered Agent:

KOULOHERAS, NICHOLAS
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
Name: KOULOHERAS, NICHOLAS
Address: 11145 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

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

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

I hereby 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 all other like empowered.

SIGNATURE: NICHOLAS KOULOHERAS

D

04/10/2012

Electronic Signature of Signing Officer or Director

Date