

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006852

FILED
Jan 31, 2009
Secretary of State

Entity Name: TRAILVIEW RANCHES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6705 WOODBINE WAY
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

6705 WOODBINE WAY
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 56-2607985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, FRANK J
6705 WOODBINE WAY
PALM CITY, FL 34990 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: DP () Delete
Name: BRADY, FRANK J
Address: PO BOX 536
City-St-Zip: OKEECHOBEE, FL 34973

Title: DV () Delete
Name: HALES, RICHARD J
Address: 1964 SW 3RD STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: DST () Delete
Name: TUCKER, BRANDON
Address: 104 NW 7TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

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 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: FRANK J BRADY

DP

01/31/2009

Electronic Signature of Signing Officer or Director

Date