

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90091 004 ****61.25

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04012006 Chg-NP CR2E037 (11/05)

DOCUMENT # N26778					
1. Entity Name TRAILS OF COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2573 SKIPPER TRAIL CLEARWATER, FL 33761 US			Mailing Address 2573 SKIPPER TRAIL CLEARWATER, FL 33761 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERTHOLF, KEITH 2573 SKIPPER TRAIL CLEARWATER, FL 33761			Name Woodward, Elizabeth Street Address (P.O. Box Number is Not Acceptable) 3424 Fairfield Trail City Clearwater FL Zip Code 33761		
8. 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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <i>Elizabeth Woodward</i> Signature typed or printed name of registered agent and title if applicable			Elizabeth Woodward President		DATE 04-01-06
Filing Fee is \$81.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BERTHOLF, KEITH		NAME		
STREET ADDRESS	2573 SKIPPER TRAIL		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP		
TITLE	TSO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERTHOLF, JANETTE		NAME		
STREET ADDRESS	2573 SKIPPER TRAIL		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP		
TITLE	VPD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	WOODWARD, ELIZABETH		NAME		
STREET ADDRESS	3424 FAIRFIELD TRAIL		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME			NAME	Jennifer Piana	
STREET ADDRESS			STREET ADDRESS	3417 Fairfield Trail	
CITY - ST - ZIP			CITY - ST - ZIP	Clearwater, FL 33761	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Janette Bertholf</i> Signature and typed or printed name of signing officer or director			4/1/06 727-789-8735		