2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26778

FILED Mar 16, 2009 Secretary of State

Entity Name: TRAILS OF COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2573 SKIPPER TRAIL 3428 ASPEN TRAIL

CLEARWATER, FL 33761 US CLEARWATER, FL 33761 US

Current Mailing Address: New Mailing Address:

2573 SKIPPER TRAIL 3428 ASPEN TRAIL

CLEARWATER, FL 33761 US CLEARWATER, FL 33761 US

FEI Number: 59-2905280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODWARD, ELIZABETH DUNCAN, BARBARA L 3424 FAIRFIELD TRL 3428 ASPEN TRAIL

CLEARWATER, FL 33761 US CLEARWATER, FL 33761 US

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: BARBARA L. DUNCAN 03/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: TSD () Delete Title: TSD (X) Change () Addition

 Name:
 BERTHOLF, JANETTE
 Name:
 DUNCAN, BARBARA L

 Address:
 2573 SKIPPER TRAIL
 Address:
 3428 ASPEN TRAIL

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:
 CLEARWATER, FL 33761

Title: PD () Delete Title: VPD (X) Change () Addition

 Name:
 WOODWARD, ELIZABETH
 Name:
 ROSA, BARBARA

 Address:
 3424 FAIRFIELD TRAIL
 Address:
 2597 SKIPPER TRAIL

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:
 CLEARWATER, FL 33761

Title: VPD () Delete Title: PD (X) Change () Addition

 Name:
 ADAMS, TOM
 Name:
 ADAMS, TOM

 Address:
 3416 FAIRFIELD TRAIL
 Address:
 3416 FAIRFIELD TRAIL

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:
 CLEARWATER, FL 33761

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: BARBARA L. DUNCAN TSD 03/16/2009