

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26778

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** TRAILS OF COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3428 ASPEN TRAIL  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

2597 SKIPPER TRAIL  
CLEARWATER, FL 33761 US

**Current Mailing Address:**

3428 ASPEN TRAIL  
CLEARWATER, FL 33761 US

**New Mailing Address:**

2597 SKIPPER TRAIL  
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:**

DUNCAN, BARBARA L  
3428 ASPEN TRAIL  
CLEARWATER, FL 33761 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: TSD  
Name: BISCHOFF, SUSANNE  
Address: 3438 SWEETWATER TRAIL  
City-St-Zip: CLEARWATER, FL 33761

Title: PD  
Name: ROSA, BARBARA  
Address: 2597 SKIPPER TRAIL  
City-St-Zip: CLEARWATER, FL 33761

Title: VPD  
Name: SANDOE, GREG  
Address: 3453 ASPEN TRAIL  
City-St-Zip: CLEARWATER, FL 33761

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: BARBARA ROSA

PD

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date