

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28692 (4)

1. Corporation Name

THE TRAILS OWNERS ASSOCIATION, INC.

Principal Place of Business

**FRANK HOMES, INC.
3708 72ND AVE E
SARASOTA FL 34243
US**

Mailing Address

**THE TRAILS HOA, INC.
PO BOX 1400
TALLEVAST FL 34270-1400
US**



3. Date Incorporated or Qualified
10/04/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Frank Homes Inc.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **7210 36th Ct. E.**

27

City & State

City & State

23 **Sarasota FL**

28

Zip

Zip

24 **34243**

Country

Country

25 **USA**

29

30

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK HOMES DEV INC
3708 72ND AVE EAST
SARASOTA FL 34243**

change of address only *

81 Name

Frank Homes Dev. Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

7210 36th Ct. E.

83

84 City

Sarasota

FL

85 Zip Code

34243

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

Ronald Frank / PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/8/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **KRAFT, GREG**
STREET ADDRESS **4112 72ND AVE., E.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **STD** ☒ DELETE
NAME **RASYS, EDWARD**
STREET ADDRESS **3808 71ST TERRACE E.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE
NAME **FRANK, RON**
STREET ADDRESS **3708 72ND AVE E**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE
NAME **FRANK, MATTHEW**
STREET ADDRESS **3708 72ND AVE E**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE
NAME **LABRANT, TAMI**
STREET ADDRESS **3708 72ND AVE E**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Anderson, George**
1.3 STREET ADDRESS **3804 72nd Ave. East**
1.4 CITY-ST-ZIP **Sarasota FL**

2.1 TITLE **Board Member** ☒ Change ☐ Addition
2.2 NAME **McGilvary, Mac**
2.3 STREET ADDRESS **7110 41st Lane East**
2.4 CITY-ST-ZIP **Sarasota FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **7210 36th Ct. East**
3.4 CITY-ST-ZIP **Sarasota FL 34243**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **7210 36th Ct. East**
4.4 CITY-ST-ZIP **Sarasota FL 34243**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **7210 36th Ct. East**
5.4 CITY-ST-ZIP **Sarasota FL 34243**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tami LaBrant

Date

4/8/96

Daytime Phone #

(941) 351-8300

CR2E037 (12/95)