FILE NOW: FILING FEE IS \$61.25 **NONPROFIT** FLORIDA DEPARTMENT **CORPORATION** Sandra, Ø. Mor ANNUAL REPORT Secretary of St DIVISION OF CORPO 1997 DOCUMENT #

1. Corporation Name (4)

FILED Apr 22 1997 8:00am Secretary of State

THE TRAILS OWNERS ASSOCIATION, INC.				 		
Principal Place	e of Business	Mailing Address)[8]	
3708 72ND AVE E PO BOX 44		THE TRAILS HOA. INC. PO BOX 1460 922. TALLEVAST FL 342701400			·	
US		US		3. Date Incorporated or Qualified 10/04/1988	3a. Date of Last Report 04/15/1996	
	lace of Business	2a. Mailing Address		4. FEI Number 65-0193324	Applied For	
Suite, Apt.	# ata	26 PO Box 9	aal	0370183324	Not Applicable	
22	w. Cit.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	 B	City & State	-,	6. Election Campaign Financing	\$5.00 May Be	
23		28 TAllevast		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25 25 9. Name and Address of Curre	29 34370 3	o hzu	Florida Statutes L 10. Name and Address of New Re	Yes W No	
			81 Name	·····		
FRANK HOMES DEV INC Street Address (P.O. Box Number is Not Acceptable)						
7210 38TH CT E			Street	Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34243,			83	-04/23/970103		
•			94 City	***70.00	es Zin Codo	
<u> </u>		·			FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a overnamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the 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.						
agent I am familiar with, and accept the obligations of, Section 617.0503, Florida States.						
SIGNATURE .	A1				DATE	
12.	Signature typed or printed name of registered a OFFICERS At	gent and title II applicable. (NOTE R	13.	re required when reinstating) ADDITIONS/CHANGES TO QFFIC		
TITLÉ	Р	DELETE	1.1 THE	PRESIDENT D	☐ Change ☑ Addition	
NAME	ANDERSON, GEORGE		1.2 NAVE	ANDERSON, GEORGE		
STREET ADDRESS	3804 72ND AVE E		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP	SAPASOTA FL 34	243	
DITLE	BM	DELETE	2 1 TITLE	SCERBTHAY TRANSUM	CA_D Change Addition	
NAME	MCGILVARY, MAC	ļ	2.2 NAME	XIQUES, RICHARD		
STREET ADDRESS	7110 41ST LN E		2.3 STREET ADDRESS			
CHY-ST-ZIP	SARASOTA FL	1	2. 4 CITY - ST - ZIP	SMASOTA PL 3424		
TITLE	VD	D ELETE	3.1 TITLE	BM	Change Addition	
NAME	FRANK, RON	ļ	3.2 NAME	3704 12NA AVE.E.	•	
STREET ADDRESS	3708 72ND AVE E		3.3 STREET ADDRESS	SARASOTA PL 34243		
DITY-ST-ZIP TITLE	SARASOTA FL VD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	12.00	Change Addition	
NAME	FRANK, MATTHEW	CM PELLIC	4.1 MILE 4.2 NAME	FRANK, RON D	T Autorito MT Language	
STREET ADDRESS	3708 72ND AVE E		4.3 STREET ADDRESS	1	Section of Management	
CITY-ST-ZIP	SARASOTA FL	/ '	44 CITY - ST - ZIP	SARMSOVA FL 34243	ak t	
TITLE	VD	DELETE	5.1 TITLE	BM	Change Addition	
NAME	LABRANT, TAMI	}	5.2 NAME	GAINER GENE	(X	
STREET ADDRESS	3708 72ND AVE E		5.3 STREET ADDRESS	7111 39 Th LUS.E.	C41/3°	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA FL SYLY	3 V V V	
TITLE		☐ DELETE	6.1 TIPLE	BM	Change Addition	
NAME			6.2 NAME	THOMAS ADAM		
STREET ADDRESS			6.3 STREET ADDRESS		•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SARATO PL 34243		
	by certify that the information suppli	ied with this ling does not qualify f	for the exemption	stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the	

STATE

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emental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name an attachment with an address. information indicated on this apr I am an officer or director of the appears in Block 12 or Block