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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28692**

1. Corporation Name
THE TRAILS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7210 36TH CT E 3708 72ND AVE E SARASOTA FL 34243 US	P.O. BOX 922 TALLEVAST FL 34270 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/04/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0193324 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~JENSEN, RICHARD~~ ~~3704 72ND AVE.~~ ~~SARASOTA FL 34243~~	81 Name ELAINE WHITE 82 Street Address (P.O. Box Number is Not Acceptable) 7214 39TH LANE 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 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	BMSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, ADAM		1.2 NAME		
STREET ADDRESS	3727 72ND AVE CIR E		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-ST-ZIP		
TITLE	BMVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, WILLIAM		2.2 NAME		
STREET ADDRESS	7215 39TH LN E		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		2.4 CITY-ST-ZIP		
TITLE	BMPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JENSEN, RICHARD		3.2 NAME		
STREET ADDRESS	3704 72ND AVE. E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		3.4 CITY-ST-ZIP		
TITLE	BM	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, ELAINE		4.2 NAME		
STREET ADDRESS	7214 39TH LN E		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		4.4 CITY-ST-ZIP		
TITLE	BMTD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GENE, GAINER		5.2 NAME		
STREET ADDRESS	7111 39TH LN E		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE ~~SIGNATURE REQUIRED~~ Jan 26 / 99 941-355-5646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #