2000 UNIFORM BUSINESS REPORT (UBR)

2/8/00-90143-014-$61.25-$61.25

DOCUMENT # N28692

1. Entity Name

THE TRAILS OWNERS ASSOCIATION, INC.

FILED

00 MAR -8 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7210 35TH CT E 3708 72ND AVE E SARASOTA FL 34243 US	P.O. BOX 922 TALLEVAST FL 34270-0922 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0193324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELAINE WHITE, ~~DIANE~~ 7214 39TH LANE E SARASOTA FL 34243	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMSD THOMAS, ADAM 3727 72ND AVE CIR E SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMSD CAROL WALL 7207 39TH LN E. SARASOTA FL 34243	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMVP MILLER, WILLIAM 7215 39TH LN E SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMVP WALLY ERICKSON 7212 41ST CT E SARASOTA FL. 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMPD JENSEN, RICHARD 3704 72ND AVE E. SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMVPD SHAWN LINDOW 4020 72ND AVE. E. SARASOTA FL. 34243	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM WHITE, ELAINE 7214 39TH LN E SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMPD ELAINE WHITE 7214 39TH LN E. SARASOTA FL. 34243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMTD GENE, GAINER 7111 39TH LN E SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMTD BRUCE PATENAUDE 7234 36TH CT E. SARASOTA FL. 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jan 11 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #