

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28692

1. Entity Name

THE TRAILS OWNERS ASSOCIATION, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90019 020 ****61.25

Principal Place of Business.

7210 36TH CT E
3708 72ND AVE E
SARASOTA FL 34243
US

Mailing Address

P.O. BOX 922
TALLEVAST FL 34270
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0193324

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WHITE, ELAINE
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 WALL, CAROL 7207 39TH LANE E. SARASOTA FL 34243	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD ERICKSON, WALLY 7212 41ST COURT E. SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMVD LINISA, SHAWN 4020 72ND AVENUE EAST SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMPD WHITE, ELAINE 7214 39TH LN E SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMTD PATENAUD, BRUCE 7234 36TH COURT EAST SARASOTA FL 34243	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMSD AMY MADDALENI 7153 41ST LN E SARASOTA, FL 34243	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMTD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD BETTY GERBER 3708 72ND AVE E SARASOTA, FL 34243	☐ Change ☒ Addition
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)