2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
03-18-2002 90041 002 ****61.25

DOCUMENT # N28692

1. Entity 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

DO NOT WRITE IN THIS SPACE

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

~~WHITE, ELAINE~~
~~7214 39TH LANE E~~
~~SARASOTA FL 34243~~

Phyllis DiBlasi
3723 72nd Ave. Cir. E.
Sarasota, FL.

7. Name and Address of New Registered Agent

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 X Phyllis DiBlasi, President 2/17/02
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 MADDALONI, AMY 7123 41ST LANE E SARASOTA FL 34243	☒ Delete	BMPD DiBlasi, Phyllis 3723 72nd Ave. Cir. E. Sarasota FL. 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMTD ERICKSON, WALLY 7212 41ST COURT E. SARASOTA FL 34243	☐ Delete	BMSD Loricco, C 3819 72nd Ave E. Sar. FL 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMVD LINISA, SHAWN 4020 72ND AVENUE EAST SARASOTA FL 34243	☒ Delete	BMD Paul Brochu 3704 71st Terrace E. Sarasota, Fl. 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMPD WHITE, ELAINE 7214 39TH LN E SARASOTA FL 34243	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD GERBER, BETTY 3708 72ND AVE E SARASOTA FL 34243	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: X Phyllis DiBlasi, President 2/17/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #