2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2006 8:00 am
Secretary of State
05-05-2006 90165 012 ****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

2. Principal Place of Business — 3. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

1st MOORE CR2E037 (10/05)

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

DIBLASI, PHYLLIS
3723 72ND AVE CIR E
SARASOTA FL 34243

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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMPD DIBLASI, PHYLLIS 3723 72ND AVE CIR E SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B M D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMTD ERICKSON, WALLY 7212 41ST COURT E. SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMVP SHELDON, M 3819 72ND AVE E SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD BROCHU, PAUL 3704 71ST TERRACE E SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMT ANDREE HUFFINE 7235 39th LANE E. SARASOTA, FL 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD MARTELL, J 3708 72ND AVE E SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMVP PENNY S. SATZ 3144 40th LANE E SARASOTA, FL 34243	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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] 4.24.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #