2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N28692

Entity Name: THE TRAILS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3053 51ST STREET
SARASOTA, FL 34234 US

Current Mailing Address:

P.O. BOX 922
TALLEVAST, FL 34270 US

New Mailing Address:

FEI Number: 65-0193324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOKES, REBECCA F
3053 51ST STREET
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

STOKES, REBECCA F
3053 51ST STREET
SARASOTA, FL 34234 US

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: _____ 03/31/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARTRO, PATRICE
Address: 4020 72ND AVE EAST
City-St-Zip: SARASOTA, FL 34243

Title: BMP ( ) Delete
Name: SHELDON, M
Address: 3819 72ND AVE E
City-St-Zip: SARASOTA, FL 34243

Title: BMT ( ) Delete
Name: HUFFINE, ANDREE
Address: 7235 39TH LANE E
City-St-Zip: SARASOTA, FL 34243

Title: DS ( ) Delete
Name: BROCHU, PAUL
Address: 3704 71ST TERRACE EAST
City-St-Zip: SARASOTA, FL 34243

Title: BMVP ( ) Delete
Name: SISATZ, PENNY
Address: 3144 40TH LANE E
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: SHELDON, M
Address: 3819 72ND AVE E
City-St-Zip: SARASOTA, FL 34243

Title: TD (X) Change ( ) Addition
Name: HUFFINE, ANDREE
Address: 7235 39TH LANE E
City-St-Zip: SARASOTA, FL 34243

Title: SD (X) Change ( ) Addition
Name: BROCHU, PAUL
Address: 3704 71ST TERRACE EAST
City-St-Zip: SARASOTA, FL 34243

Title: VPD (X) Change ( ) Addition
Name: SISATZ, PENNY
Address: 3144 40TH LANE E
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SHELDON PD 03/31/2009
Electronic Signature of Signing Officer or Director — Date