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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500003694 (5)

TRAILVIEW ESTATES OWNERS ASSOCIATION, INC.

2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee R City & State City & State 6. Election Campaign Financing \$5.00	oplied For ot Applicable Additional equired May Be to Fees
3900 SOUTH FLORIDA AVE. LAKELAND FL 33813 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 08/03/1995 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Country Fee R City & State 7. Country 7. Suite, Apt. #, etc. 7. Country 7. Suite, Apt. #, etc. 7. Country 8. This corporation has liability for intangible tay under s. The status of	oplied For ot Applicable Additional equired May Be to Fees 99.032,
2. Principal Place of Business 2. A Mailing Address 2. Value Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 3. Date Incorporated or Qualified 084. As Date of Last R. A. FEI Number 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added 8. This corporation has liability for intangible tax under s. 1 7. Florida Statutes 7. Florida Statutes 7. No. 7. Name and Address of Current Registered Agent 7. No. 7. Name and Address of New Registered Agent	oplied For ot Applicable Additional equired May Be to Fees 99.032,
2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28 City & State 29 Country Zip No	ot Applicable Additional equired I May Be to Fees 99.032,
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip No No No No No No No No No N	Additional equired May Be to Fees 99.032,
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Trust Fund Contribution Added Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 1 To Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	99.032,
Zip Country Zip Country 8. This corporation has liability for intangible tax under s. In the corporation has liability for intangible tax under s. In this corporation has liability for i	
4 25 29 30 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent	Code
9. Name and Address of Current Registated Agent	Code
	Code
CORRETT R DENNIS 82 Street Address (P.O. Box Number is Not Acceptable)	Code
2000 SOLITH ELORIDA AVE	Code
LAKELAND FL 33813	Code
84 City FL 85 Zip	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its representation or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered or registered agent, or both, in the State of Florida Such change statutes.	aistered offin
SIGNATURE Signature, typed or printed name of registored agent and title if applicance (NOTE: Registered Agent agnature required when renstating) DATE	RS IN 12
TITLE D DELETE 11 TITLE Change	☐ ¥goilloii
NAME CORBETT, R. DENNIS 12 NAME	
STREET ADDRESS 3900 SOUTH FLORIDA AVE. 13 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33813 14 CITY-ST-ZIP Change	Addition
TITLE D NAME MILLER, JERRY D 22 NAME	
STREET ADDRESS 3900 SOUTH FLORIDA AVE.	
LAKELAND SI 33813	Addition
TITLE D DELETE 3.1 TITLE	
NAME LANG, DARLA D	
STREET ADDRESS 3900 SOUTH FLORIDA AVE. 33 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33813 34.CITY-ST-ZIP Change	Addition
4 2 NAMF	
NAME A 2 CIDECT ADDRESS	
STREET AUDITIESS	
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TITLE 52 NAME	
STREET ADDRESS ***\$1.25	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Additio
TITLE DELETE 6.1 TITLE	
NAME 62 NAME 63 STREET ADDRESS () - 19 - 10	37
STREET ADDRESS	
1 CITY-SI-2P 1 Section 119 07/3/(k) Florida 5/3/0	tes. I further
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1. 14. I do hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as certify 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 the 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 the 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 the 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 the 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 the oath; the oath of the oath	at my name
oath; that I am an officer or director of the corporation of the receiver of disease simporated appears in Block 12 or Block 13 if changed, or on an attrachment with an address.	

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R, DENNYS CORBETT

//2/96 94/-648-484 Date Daytine Proce #