

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003694 (5)**

1. Corporation Name

TRAILVIEW ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3900 SOUTH FLORIDA AVE.
LAKELAND FL 33813**

**3900 SOUTH FLORIDA AVE.
LAKELAND FL 33813**



2. Principal Place of Business		2a. Mailing Address	
21	5300 SOUTH FLORIDA AVENUE	26	5300 SOUTH FLORIDA AVENUE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	E	27	E
City & State		City & State	
23	LAKELAND, FL	28	LAKELAND FL
24	33813	29	33813
25	USA	30	USA

3. Date Incorporated or Qualified

08/03/1985

4. FEI Number

58-2290640

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORBETT, R. DENNIS
3900 SOUTH FLORIDA AVE.
LAKELAND FL 33813**

81	Name	MICHAEL LILLY
82	Street Address (P.O. Box Number is Not Acceptable)	5300 SOUTH FLORIDA AVENUE
83		SUITE E
84	City	LAKELAND
85	Zip Code	33813

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 registered office 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL LILLY

4-28-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORBETT, R. DENNIS	
STREET ADDRESS	3900 SOUTH FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JERRY D	
STREET ADDRESS	3900 SOUTH FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANG, DARLA D	
STREET ADDRESS	3900 SOUTH FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	MICHAEL LILLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5300 SOUTH FLORIDA AVENUE	
1.3 STREET ADDRESS	SUITE E	
1.4 CITY-ST-ZIP	LAKELAND, FL 33813	
2.1 TITLE	D -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEGGY VIDAS	
2.3 STREET ADDRESS	5300 SOUTH FLORIDA AVENUE SUITE E	
2.4 CITY-ST-ZIP	LAKELAND, FL 33813	
3.1 TITLE	D -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TARA JONES	
3.3 STREET ADDRESS	5300 SOUTH FLORIDA AVENUE SUITE E	
3.4 CITY-ST-ZIP	LAKELAND, FL 33813	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MICHAEL LILLY 941-646-3269

CR2E037 (10/97)