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CORPORATION
ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -8 AM 11:18

DOCUMENT # N95000003694

1. Corporation Name
TRAILVIEW ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5300 S FLORIDA AVE STE E LAKELAND FL 33813 US	5300 S FLORIDA AVE STE E LAKELAND FL 33813 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2290840 ☐ Applied For ☐ Not Applica
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additiona Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LILLY, MICHAEL
5300 S FLORIDA AVE
STE E
LAKELAND FL 33813

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Ad
NAME	LILLY, MICHAEL		1.2 NAME		
STREET ADDRESS	5300 S FLORIDA AVE STE E		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Ad
NAME	Lilly, Cynthia		2.2 NAME		
STREET ADDRESS	5300 SOUTH FLORIDA AVE STE E		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Ad
NAME	Jessup, Eric		3.2 NAME		
STREET ADDRESS	5300 S FLORIDA AVE STE E		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Ad
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ad
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ad
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — YL0795 — AD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #