


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004836 (0)

1. Corporation Name

TRILBY TRAILS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business	Mailing Address
20245 ARABIAN WAY DADE CITY FL 33525	P.O. BOX 294 TRILBY FL 33593-0294

3. Date Incorporated or Qualified 09/18/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YARNAL, WILLIAM 20245 ARABIAN WAY DADE CITY FL 33525	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM B. YARNAL	1.2 NAME	WILLIAM B. YARNAL
STREET ADDRESS	20245 ARABIAN WAY	1.3 STREET ADDRESS	20245 ARABIAN WAY
CITY-ST-ZIP	TRILBY, FL 33525	1.4 CITY-ST-ZIP	TRILBY, FL 33525
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYCE MATHEIS	2.2 NAME	DOYCE MATHEIS
STREET ADDRESS	17901 CLEAR LAKE ROAD	2.3 STREET ADDRESS	17901 CLEAR LAKE ROAD
CITY-ST-ZIP	LUTZ, FL 33549	2.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE L. KRUG	3.2 NAME	DIANE L. KRUG
STREET ADDRESS	PO BOX 270932 N/A	3.3 STREET ADDRESS	PO BOX 270932 N/A
CITY-ST-ZIP	TAMPA, FL 33688	3.4 CITY-ST-ZIP	TAMPA, FL 33688
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA SCHULTZ	4.2 NAME	BRENDA SCHULTZ
STREET ADDRESS	19415 PASO FINO WAY	4.3 STREET ADDRESS	19415 PASO FINO WAY
CITY-ST-ZIP	DADE CITY, FL 33523	4.4 CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)