

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006462

FILED  
Jan 18, 2008  
Secretary of State

**Entity Name:** THE TRAILS HOMEOWNERS & MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 NW 36TH AVENUE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608

**Current Mailing Address:**

4400 NW 36TH AVENUE  
GAINESVILLE, FL 32606

**New Mailing Address:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608

**FEI Number:** 59-3445574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANAGEMENT SPECIALISTS  
4400 NW 36TH AVE.  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

MANAGEMENT SPECIALISTS  
5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 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:

01/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STARLING, TROY  
Address: 18415 SW 42ND LANE  
City-St-Zip: NEWBERRY, FL 32669

Title: VD (X) Delete  
Name: SANCHEZ, ROLANDO J  
Address: PO BOX 358626  
City-St-Zip: GAINESVILLE, FL 32635

Title: TD ( ) Delete  
Name: SCHROETER, HERB  
Address: 4105 SW 180 ST.  
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete  
Name: BOBROFF, STEPHEN  
Address: 4326 SW 180TH ST  
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete  
Name: STOCKMAN, JEANNE  
Address: 4106 SW 180TH ST  
City-St-Zip: NEWBERRY, FL 32669

Title: SD ( ) Delete  
Name: DRUMMOND, ERIC  
Address: 2636 NW 50 PL.  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: TROY STRALING

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date