2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006462

FILED Apr 29, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5208 SW 91ST DRIVE SUITE D

GAINESVILLE, FL 32608

New Mailing Address: Current 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: Name and Address of New Registered Agent:

CONNER, SARAH AGENT MANAGEMENT SPECIALISTS SERVICES 5208 SW 91ST DRIVE

5208 SW 91ST DRIVE SUITE D SUITE D

GAINESVILLE, FL 32608 US 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: SARAH CONNER, AGENT 04/29/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

STARLING, TROY Name: Address: 18415 SW 42ND LANE City-St-Zip: NEWBERRY, FL 32669

Title:

Name: SCHROETER, HERB Address: 4105 SW 180 ST. City-St-Zip: NEWBERRY, FL 32669

Title:

BOBROFF, STEPHEN Name: Address: 4326 SW 180TH ST City-St-Zip: NEWBERRY, FL 32669

Title:

Name: STOCKMAN, JEANNE 4106 SW 180TH ST Address: City-St-Zip: NEWBERRY, FL 32669

VΡ Title:

DRUMMOND, ERIC Name: 2636 NW 50 PL Address:

GAINESVILLE, FL 32605 City-St-Zip:

Title:

COUSINS, TONY Name: Address: 3908 SW 180TH STREET NEWBERRY, FL 32669 City-St-Zip:

I hereby 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 all other like empowered.

Ρ SIGNATURE: TROY STARLING 04/29/2010