

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001540

1. Entity Name
**TRAPPER'S RUN PROPERTY OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**18065 TAYLOR ROAD
C/O DOUG BLANKENSHIP
JUPITER, FL 33478**

Mailing Address
**P.O. BOX 274
JUPITER, FL 33468 US**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0797909

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLANKENSHIP, DOUGLAS J
18065 TAYLOR ROAD
JUPITER, FL 33478**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
BLANKENSHIP, DOUGLAS J
18065 TAYLOR RD
JUPITER, FL 334680274**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ECKERSON, BRADLEY
18064 TAYLOR RD.
JUPITER, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SEARS, ROBERT
18096 TAYLOR RD.
JUPITER, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAMBERT, GEORGE III
17956 TAYLOR RD.
JUPITER, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GILDER, LARRY
124 S. HAMPTON DR.
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000323377
04/22/05-80050-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05 561-746-8424

Date

Daytime Phone #