


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90002 014 ****61.25

DOCUMENT # N97000001634

1. Entity Name
TRAILS END PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**5615 23RD ST SW
 VERO BEACH, FL 32968**

Mailing Address
**5615 23RD ST SW
 VERO BEACH, FL 32968**

DO NOT WRITE IN THIS SPACE

40032501



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0822495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NUTBROWIN, JOHN W
 5615 23RD ST SW
 VERO BEACH, FL 32968**

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: *John W Nutbrown* DATE: 3/5/2007

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	PD KING, KYLE B 1685 44TH AVE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DUNLEAVY, LEIGHANN 5635 23RD STREET VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NUTBROWIN, JOHN W 5615 23RD ST SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John W Nutbrown* DATE: 3/5/2007 772-299 3290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #