FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800006958 1. Corporation Name

TRAILSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 7150 S.W. KANNER HIGHWAY INDIANTOWN FL 34956

Mailing Address

7150 S.W. KANNER HIGHWAY INDIANTOWN FL 34956

FILED May 08, 1999 8:00 am § Secretary of State

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2. Principal P	lace of Business 2a. Mailing Address			Date Incorporated or Qualifed			
21	26				12/09/1998		
Suite, Apt.	pt. #, etc. Suite, Apt. #, etc.				4. FEI Number	App	lied For
22	27				65-0904672	Not	Applicable
City & State	· — — — — — — — — — — — — — — — — — — —				5. Certificate of Status Desired	Certificate of Status Desired	
23					6. Election Campaign Financing	\$5.00	
— ·	25 29 30				Trust Fund Contribution	Added to	
24 25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	o. Italie and Address of Content	registered regult	81	Name			
BURG, JAMES A			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
7150 S.W. KANNER HIGHWAY			83				
INDIANTOWN FL 34956			55		<u> </u>		
				84 City FL 85 Zip Code			
11 Described the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above named comporation 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	BURG, JAMES A		1.2 NAME				i
STREET ADDRESS	7150 S.W. KANNER HIGHWAY		1.3 STREET	ADDRESS			
CITY-ST-ZIP	INDIANTOWN FL 34956		1,4 CITY-ST	-ZIP			
TITLE	D	☐ DELETE	21 TITLE			Change	☐ Addition
NAME	GRIEVE, WENDY		2.2 NAME				1
STREET ADDRESS	GRIEVE, WEND!		2.3 STREET	ADDRESS			Ì
CITY-ST-ZIP	7 100 0:11: 17:3111E11 HIGHMAT		2.4 CITY-S	1			ì
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	•	i	3.2 NAME				
STREET ADDRESS	ZIGLIANI, LISA		3.3 STREET	ADDRESS			
	100 O.W. TOWNER THOUSAND		3.4. CITY-S				
CITY-ST-ZIP	TOTAL COLOR		4,1 TITLE	1-441	-	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			}
			4.4 CITY-ST	j			1
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME		_	5.2 NAME	1			- 1
STREET ADDRESS			5.3 STREET	ADORESS			
			5,4 CITY-ST				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				-
STREET ADDRESS	}		6.3 STREET	ADDRESS			
			6.4 CITY-ST	-ZiP			
CITY-ST-ZIP	outify that the information cumuliad with	this filing does not qualify for th		l.	Section 119.07(3)(i). Florida Statutes. I further ce	rtify that the in	nformation

Indicated on this annual report or supplied with his filing goes not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true 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 empowe ad to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes on an attainment of the empowered.