

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90572 013 ****61.25

DOCUMENT # N98000006958

1. Entity Name
TRAILSIDE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8961 SE BRIDGE ROAD
HOBE SOUND, FL 33455**

Mailing Address
**8961 SE BRIDGE ROAD
HOBE SOUND, FL 33455**

~0036688



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0904672

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE
401 E OSCEOLA STREET
STUART, FL 33495**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **PETZ, MUTIVR**
STREET ADDRESS **19793 58TH ROAD SOUTH**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **DVP** ☐ Change ☒ Addition
NAME **Krosin, Gary**
STREET ADDRESS **2026 Jacaranda Avenue**
CITY-ST-ZIP **Ft. Pierce, FL 34949**

TITLE **DVP** ☐ Delete
NAME **HAGGERTY, DN**
STREET ADDRESS **810 SW SALERNO ROAD**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **DP** ☒ Change ☐ Addition
NAME **Haggerty, Dan**
STREET ADDRESS **1949 SW Trailside Path**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE **DS** ☐ Delete
NAME **FREEMAN, DEAN**
STREET ADDRESS **8847 NW 44TH CT**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HINKOFER, MARK**
STREET ADDRESS **5714 GREENWOOD AVENUE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MURRAY, TIMOTHY**
STREET ADDRESS **4230 SE KUBIN AVENUE**
CITY-ST-ZIP **STUART, FL 34996**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Ferrera, Michael**
STREET ADDRESS **1802 SW Trailside Path**
CITY-ST-ZIP **Stuart, FL 34997**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #