

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90146 044 \*\*\*\*61.25

<b>DOCUMENT # N98000006958</b>					
<b>1. Entity Name</b> TRILSIDE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8961 SE BRIDGE ROAD HOBE SOUND, FL 33455			<b>Mailing Address</b> 8961 SE BRIDGE ROAD HOBE SOUND, FL 33455		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 401 Bristol Management Suite, Apt. #, etc. 1950 Commerce Ln			
Suite, Apt. #, etc.		City & State Stuart FL			
City & State		Zip 33458		Country	
Zip		Country		<b>4. FEI Number</b> 65-0904672	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CORNETT, JANE 401 E OSCEOLA STREET STUART, FL 33495			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b>				<b>DATE</b> 3-15-06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DV <b>NAME</b> KROSTIN, GARY <b>STREET ADDRESS</b> 2026 JACARANDA AVE <b>CITY-ST-ZIP</b> FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DP <b>NAME</b> HAGGERTY, DAN <b>STREET ADDRESS</b> 1949 SW TRILSIDE PATH <b>CITY-ST-ZIP</b> STUART, FL 34997	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> FREEMAN, DEAN <b>STREET ADDRESS</b> 8847 NW 44TH CT <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAX DUTHIE 2024 SW TRILSIDE PATH STUART, FL 34997	
<b>TITLE</b> D <b>NAME</b> HINKOFER, MARK <b>STREET ADDRESS</b> 5714 GREENWOOD AVENUE <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAURICE PETZ 2689 SW TRILSIDE PATH STUART, FL 34997	
<b>TITLE</b> D <b>NAME</b> MURRAY, TIMOTHY <b>STREET ADDRESS</b> 4230 SE KUBIN AVENUE <b>CITY-ST-ZIP</b> STUART, FL 34996	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom SCHULTE P.O. Box 2258 HOBE SOUND, FL 33475	
<b>TITLE</b> D <b>NAME</b> FERRERA, MICHAEL <b>STREET ADDRESS</b> 1802 SW TRILSIDE PATH <b>CITY-ST-ZIP</b> STUART, FL 34997	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>				<b>DATE</b> 3-15-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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