


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90026 050 ****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 C/O BRISTOL MGMT 1930 COMMERCE LN JUPITER, FL 33458
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40117951



2. Principal Place of Business - No P.O. Box # 2912 SW Trailside Path	3. Mailing Address 2912 SW Trailside Path
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03292007 Chg-NP CR2E037 (12/06)

City & State Stuart FL	City & State Stuart FL
Zip 34997	Country USA
City & State Stuart FL	City & State Stuart FL
Zip 34997	Country USA

4. FEI Number 65-0904672	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORNETT, JANE 401 E OSCEOLA STREET STUART, FL 33495	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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.

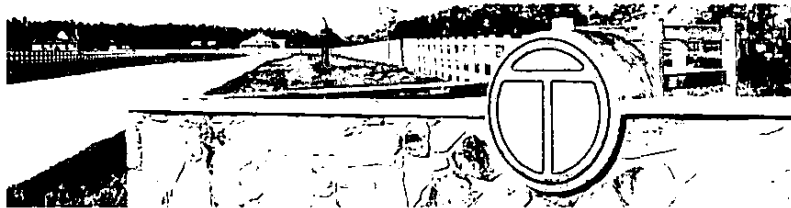
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KROSTIN, GARY 2026 JACARANDA AVE FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kyla Krosin - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2912 SW Trailside Path Stuart FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGGERTY, DAN 1949 SW TRAILSIDE PATH STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don Brown T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8280 Sharkey Street Hobe Sound 34955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUTHIE, MAX 2024 SW TRAILSIDE PATH STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Hinkhofer D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5714 Greenwood Avenue WPB, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETZ, MAURICE 2689 SW TRAILSIDE PATH STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tim Murray D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 2382 Hobe Sound FL 33475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTE, TOM POB 2258 HOBE SOUND, FL 33475 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Nate Munao <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1951 SW Trailside Path Stuart FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRERA, MICHAEL 1802 SW TRAILSIDE PATH STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kyla Krosin 5/1/07 172 545 0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT ⁴⁰¹¹⁷⁹⁵¹
~~#179,800000658~~
Trailside Homeowner's Association

c/o Kyla Krosin 2912 SW Trailside Path

Stuart, FL 34997

(772) 545-0720 fax (772) 264-4602

May 21, 2007

To Whom It May Concern:

On April 1, 2007, Trailside HOA gave notice to Bristol Management Company to sever our relationship with them. They had failed to perform many tasks required per the contract. Upon receiving our records from Bristol on May 10, 2007, it came to my attention that the annual report had not been filed. Please accept my apologies for the management company's oversight. If you require any additional fees or have any questions, please contact me at home (772) 545-0720 or on my cell phone (772) 408-3000. Thank you.

Sincerely,

Kyla Krosin, President of Trailside HOA