

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90024 040 \*\*\*\*61.25

DOCUMENT # N98000006958

1. Entity Name  
TRAILSIDE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
2912 SW TRAILSIDE PATH  
STUART, FL 34997

Mailing Address  
2912 SW TRAILSIDE PATH  
STUART, FL 34997

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.

City & State

Stuart FL

City & State

Stuart, FL 34997

Zip

34997

Country

USA

Zip

34997

Country

USA

04092008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
65-0904672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE  
401 E OSCEOLA STREET  
STUART, FL 33495

7. Name and Address of New Registered Agent

Name Kyla Krosin

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

2912 SW TRAILSIDE PATH

City Stuart

FL

Zip Code  
34997

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

Kyla Krosin

Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*

(NOTE: Registered Agent Signature required when reinstating)

03/09/08

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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

TITLE P  
NAME KROSIN, KYLA ☐ Delete  
STREET ADDRESS 2912 SW TRAILSIDE PATH  
CITY-ST-ZIP STUART, FL 34997

TITLE T  
NAME BROLO, DON ☒ Delete  
STREET ADDRESS 8280 SHARLIP STREET  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE P  
NAME DUTHIE, MAX ☒ Delete  
STREET ADDRESS 2024 SW TRAILSIDE PATH  
CITY-ST-ZIP STUART, FL 34997

TITLE D  
NAME MURRAY, TIM ☒ Delete  
STREET ADDRESS P.O. BOX 2382  
CITY-ST-ZIP HOBE SOUND, FL 33475

TITLE D  
NAME MURIAO, NATE ☒ Delete  
STREET ADDRESS 1951 SW TRAILSIDE PATH  
CITY-ST-ZIP STUART, FL 34997

TITLE T  
NAME FERRERA, MICHAEL ☐ Delete  
STREET ADDRESS 1802 SW TRAILSIDE PATH  
CITY-ST-ZIP STUART, FL 34997

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Vice President ☐ Change ☒ Addition  
NAME Don Brown  
STREET ADDRESS 8280 Sharlip Street  
CITY-ST-ZIP Hobe Sound FL 33455

TITLE Secretary ☐ Change ☒ Addition  
NAME Nate Munao  
STREET ADDRESS 1951 SW TRAILSIDE RUN  
CITY-ST-ZIP Stuart FL 34997

TITLE Director ☐ Change ☒ Addition  
NAME Mark Hinkofer  
STREET ADDRESS 645 Rustic Circle  
CITY-ST-ZIP Stuart FL 34997

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

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

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:

*[Signature]*

Kyla Krosin

03/09/08

772 408 3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #