

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006958

FILED
Mar 20, 2009
Secretary of State

Entity Name: TRAILSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2912 SW TRAILSIDE PATH
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2912 SW TRAILSIDE PATH
STUART, FL 34997

New Mailing Address:

FEI Number: 65-0904672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KROSIN, KYLA
2912 SW TRAILSIDE PATH
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KROSIN, KYLA
Address: 2912 SW TRAILSIDE PATH
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: BROWN, DON
Address: 8280 SHARLIP STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: S () Delete
Name: MUNAO, NATE
Address: 1951 SW TRAILSIDE RUN
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: HINKOFER, MARK
Address: 645 RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: FERRERA, MICHAEL
Address: 1802 SW TRAILSIDE PATH
City-St-Zip: STUART, FL 34997

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MUNAO, NATE
Address: 1951 SW TRAILSIDE RUN
City-St-Zip: STUART, FL 34997 US

Title: S (X) Change () Addition
Name: GOODWIN, RONALD
Address: 2937 SW TRAILSIDE PATH
City-St-Zip: STUART, FL 34997 US

Title: D (X) Change () Addition
Name: HINKOFER, MARK
Address: 645 RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997 US

Title: T (X) Change () Addition
Name: FERRERA, MICHAEL
Address: 1802 SW TRAILSIDE PATH
City-St-Zip: STUART, FL 34997 US

Title: D () Change (X) Addition
Name: POLOM, MICHELLE
Address: 2467 SW TRAILSIDE PATH
City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLA KROSIN

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date