2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90312 036 ****61.25

DOCUMENT # N98000006958

1. Entity Name

TRAILSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7150 S.W. KANNER HIGHWAY INDIANTOWN FL 34956	7150 S.W. KANNER HIGHWAY INDIANTOWN FL 34956

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8961 SE Bridge Road	8961 SE Bridge Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, FL	City & State: Hobe Sound, FL
Zip: 33455 Country: USA	Zip: 33455 Country: USA

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	7. Name and Address of New Registered Agent
BURG, JAMES A 7150 S.W. KANNER HIGHWAY INDIANTOWN FL 34956	Name: Jane Cornett Street Address (P.O. Box Number is Not Acceptable): 401 E. Osceola Street City: Stuart **FL** Zip Code: 33495

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

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURG, JAMES A 7150 S.W. KANNER HIGHWAY INDIANTOWN FL 34956	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROWN, DONALD 8280 SE DHARLYS STREET HOBE SOUND, 33455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIEVE, WENDY 7150 S.W. KANNER HIGHWAY INDIANTOWN FL 34956	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DUTHIE, MAX 3430 SW ISLESWORTH CIRCLE PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIGLIANI, LISA 7150 S.W. KANNER HIGHWAY INDIANTOWN FL 34956	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PUGLISE, JOHN 15646 HAYNIE LANE JUPITER, FL 33478	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WOLF, IVY 13950 184th PLACE NORTH JUPITER, FL 33478	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT REICH, PHILIP 7 DANFORTH DRIVE HEWITT, NJ 07421	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, TIMOTHY 4230 SE KUBIN AVENUE STUART, FL 34996	☐ Change ☒ Addition

CR2E037 (10/02)

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: _____ **REQUIRED**