

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006462

FILED
Feb 27, 2023
Secretary of State
5781141036CC

Entity Name: THE TRAILS HOMEOWNERS & MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

CORNERSTONE MANAGEMENT SERVICES
106 NW 33RD CT A
GAINESVILLE, FL 32607

Current Mailing Address:

CORNERSTONE MANAGEMENT SERVICES
106 NW 33RD CT A
GAINESVILLE, FL 32607 US

FEI Number: 59-3445574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORNERSTONE MANAGEMENT SERVICES
CORNERSTONE MANAGEMENT SERVICES
106 NW 33RD CT A
GAINESVILLE, FL 32607 US

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: MARIA RAMIREZ

02/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COUSINS, TONY
Address CORNERSTONE MANAGEMENT SERVICES
 106 NW 33RD CT A
City-State-Zip: GAINESVILLE FL 32607

Title VP
Name BOBROFF, STEPHEN
Address CORNERSTONE MANAGEMENT SERVICES
 106 NW 33RD CT A
City-State-Zip: GAINESVILLE FL 32607

Title D
Name STOCKMAN, JEANNE
Address CORNERSTONE MANAGEMENT SERVICES
 106 NW 33RD CT A
City-State-Zip: GAINESVILLE FL 32607

Title TREASURER
Name LOUW, WY
Address CORNERSTONE MANAGEMENT SERVICES
 106 NW 33RD CT A
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name CARROLL, PAMELA
Address CORNERSTONE MANAGEMENT SERVICES
 106 NW 33RD CT A
City-State-Zip: GAINESVILLE FL 32607

Title SECRETARY
Name BISACCI, JENNIFER
Address CORNERSTONE MANAGEMENT SERVICES
 106 NW 33RD CT A
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name STITCH, DAVID
Address 106 NW 33RD COURT SUITE A
City-State-Zip: GAINESVILLE FL 32607

I hereby 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 all other like empowered.

SIGNATURE: TONY COUSINS

PRESIDENT

02/27/2023

