FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745419 (2)

1. Corporation Name
CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
604 MAIN TRAIL ORMOND BEACH FL 32174	604 MAIN TRAIL ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 12/29/1978
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1882516 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CURTIS, DONALD
6 CHEROKEE TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: ELMER GERALDS
82 Street Address (P.O. Box Number is Not Acceptable): 2 SETTING SUN TRAIL
83
84 City: ORMOND BEACH FL 85 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elmer Geralds PRESIDENT 4/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	X	☐ Change ☐ Addition
NAME	PAT GOBER	1.2 NAME	Secretary Pat Gober	
STREET ADDRESS	1CHEROKEE TRAIL	1.3 STREET ADDRESS	1 Cherokee Trail	
CITY-ST-ZIP	ORMOND BCH FL 32174	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VP	2.1 TITLE	President	☐ Change ☐ Addition
NAME	CURTIS, DON	2.2 NAME	Elmer Geralds	
STREET ADDRESS	6 CHEROKEE TRAIL	2.3 STREET ADDRESS	2 Setting Sun Trail	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	T	3.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	ANDERSON, JOANN	3.2 NAME	Joann Anderson	
STREET ADDRESS	604 MAIN TRAIL	3.3 STREET ADDRESS	604 Main Trail	
CITY-ST-ZIP	ORMOND BCH FL	3.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VP	4.1 TITLE	D	☐ Change ☐ Addition
NAME	GERALDS, ELMER	4.2 NAME	Bob Tew	
STREET ADDRESS	2 SETTING SUN TRAIL	4.3 STREET ADDRESS	6 Cherokee Trail	
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	5.1 TITLE	L	☐ Change ☐ Addition
NAME	ROONEY, WILLIAM	5.2 NAME	William Rooney	
STREET ADDRESS	3 RISING MOON TRAIL	5.3 STREET ADDRESS	3 Rising Moon Trail	
CITY-ST-ZIP	ORMOND BCH FL	5.4 CITY-ST-ZIP	~~Ormond Beach, FL 32174~~	
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	MATLOW, HORTENSE	6.2 NAME	Hortense Matlow	
STREET ADDRESS	606 MAIN TRAIL	6.3 STREET ADDRESS	606 Main Trail	
CITY-ST-ZIP	ORMOND BCH FL	6.4 CITY-ST-ZIP	Ormond Beach, FL 32174	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elmer Geralds 4/24/95 813-2983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004870