

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **745419** (2)

1. Corporation Name

CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**604 MAIN TRAIL
ORMOND BEACH FL 32174**

Mailing Address

**604 MAIN TRAIL
ORMOND BEACH FL 32174**



3. Date Incorporated or Qualified
12/29/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERALDS, ELMER
2 SETTING SUN TRAIL
ORMOND BEACH FL 32174**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

ELMER GERALDS

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **PAT GOBER**
CITY-ST-ZIP **1CHEROKEE TRAIL**
ORMOND BCH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **SAME**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **GERALDS, ELMER**
CITY-ST-ZIP **2 SETTING SUN TRAIL**
ORMOND BCH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **ANDERSON, JOANN**
CITY-ST-ZIP **604 MAIN TRAIL**
ORMOND BCH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **SAME**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
~~STREET ADDRESS **TEW BOB**~~
~~CITY-ST-ZIP **CHEROKEE TRAIL**~~
~~**ORMOND BCH FL**~~

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VP**
4.3 STREET ADDRESS **ROSEMARY ROSE**
4.4 CITY-ST-ZIP **3 SETTING SUN TRAIL**
ORMOND BEACH, FL 32174

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ROONEY, WILLIAM**
CITY-ST-ZIP **3 RISING MOON TRAIL**
ORMOND BCH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **700001765577**
5.3 STREET ADDRESS **SAME**
5.4 CITY-ST-ZIP **04/02/96--01008--004**
*****61.25**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **MATLOW, HORTENSE**
CITY-ST-ZIP **606 MAIN TRAIL**
ORMOND BCH FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **LINDA MANNERS**
6.4 CITY-ST-ZIP **626 MAIN TRAIL**
ORMOND BEACH, FL 32174

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for an exemption under Section 119.04(1)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Elmer Gerald 3/18/96 904-7983

CR2E037 (12/95)