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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745419

(2)

1. Corporation Name

CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

604 MAIN TRAIL
ORMOND BEACH FL 32174604 MAIN TRAIL
ORMOND BEACH FL 32174-49463. Date Incorporated or Qualified
12/29/19783a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1 Setting Sun Trail

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ormond Beach, Fl

28

Zip

Country

Zip

Country

24 32174

25

Volusia

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4. FEI Number
59-1882516Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

1 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

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 S ☒ DELETENAME PAT GOBER
STREET ADDRESS 1 CHEROKEE TRAIL
CITY-ST-ZIP ORMOND BCH FL1.1 TITLE S & T ☒ Change ☒ Addition1.2 NAME PAT GOBER
1.3 STREET ADDRESS 1 CHEROKEE TRAIL
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174TITLE P ☐ DELETENAME GERALDS, ELMER
STREET ADDRESS 2 SETTING SUN TRAIL
CITY-ST-ZIP ORMOND BCH FL 321742.1 TITLE D ☐ Change ☒ Addition2.2 NAME RILEY EMERY
2.3 STREET ADDRESS 16 CHEROKEE TRAIL
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174TITLE T ☒ DELETENAME ANDERSON, JOANN
STREET ADDRESS 604 MAIN TRAIL
CITY-ST-ZIP ORMOND BCH FL3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VP ☐ DELETENAME ROSEMARY, ROSE
STREET ADDRESS 3 SETTING SUN TRAIL
CITY-ST-ZIP ORMOND BEACH FL 321744.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETENAME ROONEY, WILLIAM
STREET ADDRESS 3 RISING MOON TRAIL
CITY-ST-ZIP ORMOND BCH FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETENAME MANNERS, LINDA
STREET ADDRESS 626 MAIN TAIL
CITY-ST-ZIP ORMOND BEACH FL 321746.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 Gerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8003348

CR2E037 (9/96)