FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 745419

(2)

CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Feb 03 1997 8:00am Secretary of State



21 1 Setting Sun Trail 25 Same 59-1882516 N Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Ormond Beach, Fl 24 32174 Country 25 Volusia 29 30 Same 59-1882516 9, Name and Address of Current Registered Agent 55. Certificate of Status Desired 55	
Suite, Apr. #, etc. Suite,	
Suite, Apt #, etc. 27 Suite, Apt #, etc. 27 Suite	oplied For
City & State Country Exp Country S. This corporation has liability for intangible tax under a Florida Statutes Pos IX No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name REGERALDS, ELMER SETTING SUN TRAIL ORMOND BEACH FL 32174 REGERALDS, ELMER SETTING SUN TRAIL ORMOND BEACH FL 32174 REGERALDS, ELMER STREET ADDRESS CITY ST-2PP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In the Country State Packet Registered Agent and Electronic State Registered Agent and State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent 1 am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature typed or printed flavor or pri	ot Applicabl
City & State 23 Ormond Beach, F1 28 City & State 29 Country 25 Volusia 29 Country 8, 15,000 Added 29 Country 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Addr	Additional equired
Section Sect	May Be to Fees
GERALDS, ELMER SETTING SUN TRAIL ORMOND BEACH FL 32174 11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent larm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. CHEROKEE TRAIL 17. STATE ORE 18. CHEROKEE TRAIL 18. SET SUCHANDE 19. CHEROKEE TRAIL 19. CHEROK	. 199.032,
GERALDS, ELMER 4 SETTING SUN TRAIL ORMOND BEACH FL 32174 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 ZP 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 of the foligations of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as agent. Jam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes SIGNATURE SIGN	
T1. Pursuant to the provisions of Soctions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Soction 617.0503, Florida Statutes. SIGNATURE Signature bysed or printed name of registered agent and line of sont-cobic OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 14. TITLE S T	
YESTTING SUN TRAIL ORMOND BEACH FL 32174 83	
ORMOND BEACH FL 32174 83 84 City	_
11. Pursuant to the provisions of Soctions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of regalered agent and life. if applicable (NOTE: Registered Agent eignature required when reinfatting) DATE	
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 enpicipable (NOTE: Registered Agent signature required when reinstating) DATE	Code
12. OFFICERS AND DIRECTORS TITLE S	registered
TITLE S X DELETE 1.1 TITLE S & T X Change NAME PAT GOBER 12 NAME PAT GOBER STREET ADDRESS 1 CHEROKEE TRAIL CITY-ST-ZIP ORMOND BCH FL TITLE P DELETE 21 TITLE NAME GERALDS, ELMER 22 NAME STREET ADDRESS 2 SETTING SUN TRAIL CITY-ST-ZIP ORMOND BCH FL 32/74 TITLE T X DELETE NAME ANDERSON, JOANN STREET ADDRESS 604 MAIN TRAIL STREET ADDRESS 604 MAIN TRAIL TITLE VP DELETE TITLE VP DELETE TITLE VP DELETE NAME ROSEMARY, ROSE STREET ADDRESS STREET A	20 IM 12
NAME PAT GOBER STREET ADDRESS 1CHEROKEE TRAIL ORMOND BCH FL 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP ORMOND BCH FL 1.4 CHY-ST-ZIP NAME GERALDS, ELMER STREET ADDRESS CHY-ST-ZIP ORMOND BCH FL 2.2 NAME STREET ADDRESS CHY-ST-ZIP ORMOND BCH FL 3.1 TITLE T NAME ANDERSON, JOANN STREET ADDRESS CHY-ST-ZIP ORMOND BCH FL 3.3 STREET ADDRESS CHY-ST-ZIP ORMOND BCH FL 3.4 CHY-ST-ZIP ORMOND BCH FL 3.5 STREET ADDRESS CHY-ST-ZIP ORMOND BCH FL 3.6 CHEROKEE TRAIL ORMOND BCH FL 3.1 TITLE STREET ADDRESS CHY-ST-ZIP ORMOND BCH FL 3.6 CHEROKEE TRAIL ORMOND BCH FL 3.1 TITLE STREET ADDRESS CHY-ST-ZIP ORMOND BCH FL 3.4 CHY-ST-ZIP TITLE VP AMME ROSEMARY, ROSE 3.5 SETTING SUN TRAIL ORMOND BCH FL 4.1 TITLE Change STREET ADDRESS CHY-ST-ZIP ORMOND BEACH FL 3.6 CHY-ST-ZIP CHANGE STREET ADDRESS CHY-ST-ZIP ORMOND BEACH FL 3.1 TITLE STREET ADDRESS CHY-ST-ZIP ORMOND BCH FL 4.1 TITLE Change A3 STREET ADDRESS CHY-ST-ZIP ORMOND BEACH FL 32174 4.4 CHY-ST-ZIP ORMOND BEACH FL 32174	L Additio
STREET ADDRESS 1. CHEROKEE TRAIL ORMOND BCH FL 1.1 STREET ADDRESS ORMOND BEACH, FL 32174 TITLE P NAME GERALDS, ELMER GERALDS, ELMER 22 NAME STREET ADDRESS 2 SETTING SUN TRAIL CITY-ST-ZIP ORMOND BCH FL 32174 TITLE T NAME ANDERSON, JOANN STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 3.1 TITLE ANDERSON, JOANN STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 3.4 CITY-ST-ZIP TITLE VP DELETE 4.1 TITLE VP DELETE 4.1 TITLE VP ANME ROSEMARY, ROSE 3. SETTING SUN TRAIL 4.3 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 Change 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 4.4 CITY-ST-ZIP ORMOND BEACH FL 32174 4.4 CITY-ST-ZIP	4.
CITY-SI-ZIP ORMOND BCH FL TITLE P D DELETE 21 TITLE D D Change NAME GERALDS, ELMER STREET ADDRESS CITY-SI-ZIP ORMOND BCH FL 32/74 TITLE T DRMOND BCH FL 32/74 TORMOND BCH FL 32/74	
TITLE P DELETE 21 TITLE D Change NAME GERALDS, ELMER STREET ADDRESS 2 SETTING SUN TRAIL ORMOND BCH FL 32174 TITLE T DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 32174 TITLE T DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 3.4 CITY-ST-ZIP TITLE VP DELETE 4.1 TITLE 4.1 TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE VP DELETE 4.1 TITLE 5.4 CITY-ST-ZIP NAME ROSEMARY, ROSE 4.2 NAME STREET ADDRESS 3 SETTING SUN TRAIL 4.3 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 4.4 CITY-ST-ZIP ORMOND BEACH FL 32174	
NAME STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 32/14 TITLE NAME ANDERSON, JOANN STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 3.1 TITLE NAME ANDERSON, JOANN STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 3.3 STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 3.4 CITY-ST-ZIP TITLE VP DELETE ALT TITLE VP DELETE ALT TITLE Change ALT TITLE	Additio
STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 32/74 TITLE NAME ANDERSON, JOANN STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 3.1 TITLE NAME ANDERSON, JOANN STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 1. Change 1.	AR.
CITY-ST-ZIP	
TITLE T NAME 3.1 TITLE Change NAME ANDERSON, JOANN 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 504 MAIN TRAIL 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 11TLE VP DELETE 4.1 TITLE Change NAME ROSEMARY, ROSE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 5TREET ADDRESS 4.4 CITY-ST-ZIP CRMOND BEACH FL 32174 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP <t< td=""><td></td></t<>	
NAME ANDERSON, JOANN 3.2 NAME STREET ADDRESS 604 MAIN TRAIL 3.3 STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 34. CITY-ST-ZIP LITLE VP DELETE 4.1 TITLE NAME ROSEMARY, ROSE 4.2 NAME STREET ADDRESS 3 SETTING SUN TRAIL 4.3 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 4.4 CITY-ST-ZIP	☐ Additio
STREET ADDRESS 604 MAIN TRAIL 3.3 STREET ADDRESS	
DITY-ST-ZIP ORMOND BCH FL 3.4. CITY-ST-ZIP TITLE VP DELETE 4.1 TITLE Change NAME ROSEMARY, ROSE 4.2 NAME STREET ADDRESS 3. SETTING SUN TRAIL 4.3 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE VP DELETE 4.1 TITLE Change NAME ROSEMARY, ROSE 4.2 NAME STREET ADDRESS 3 SETTING SUN TRAIL 4.3 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 4.4 CITY-ST-ZIP	
NAME ROSEMARY, ROSE 4.2 NAME STREET ADDRESS 3 SETTING SUN TRAIL 4.3 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 4.4 CITY-ST-ZIP	Additio
STREET ADDRESS 3 SETTING SUN TRAIL 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP	
CITY-ST-ZIP ORMOND BEACH FL 32174 4.4 CITY-ST-ZIP	
	Additio
NAME ROONEY, WILLIAM 5.2 NAME	
STREET ADDRESS 3 RISING MOON TRAIL 5.3 STREET ADDRESS	
CITY-ST-ZIP ORMOND BCH FL 5.4 CITY-ST-ZIP	
TITLE D DELETE 6.1 TITLE Change	Additio
NAME MANNERS, LINDA 62 NAME	
STREET ADDRESS 626 MAIN TAIL 63 STREET ADDRESS	
CITY-ST-ZIP ORMOND BEACH FL 32174 64 CITY-ST-ZIP	

pplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the first or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that on of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name