

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745419

1. Entity Name

CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90220 016 ****61.25

Principal Place of Business

Mailing Address

1 SETTING SUN TR
ORMOND BEACH FL 32174
US

1 SETTING SUN TRAIL
ORMOND BEACH FL 32174-4961
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1882516

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERALDS, ELMER
1 SETTING SUN TRAIL
ORMOND BEACH FL 32174

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
STONE, SANDY
608 MAIN TRAIL
ORMOND BCH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Gerda Walker
604 Main Trail
Ormond Beach, Fl. 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GERALDS, ELMER
2 SETTING SUN TRAIL
ORMOND BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Riley Emery
16 Cherokee Trail
Ormond Beach, Fl. 32174 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
RILEY, EMERY
16 CHEROKEE TR
ORMOND BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Allen Dearborn
14 Cherokee Trail
Ormond Beach, Fl. 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SPinner Gerald R. Elmer
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

2-7-00

904-673-2983

CR2E037 (9/99)