

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 23 PM 7:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750697 (5)

1. Corporation Name
OAK VILLAGE OF THE TRAILS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 15 ECLIPSE TRAIL ORMOND BEACH FL 32174	Mailing Address 15 ECLIPSE TRAIL ORMOND BEACH FL 32174
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3. Date Incorporated or Qualified 01/22/1980	3a. Date of Last Report 04/07/1994
4. FEI Number 59-2188331	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ROMNES, REBECCA
2 ECLIPSE TRAIL
~~ORMOND BEACH FL~~
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE TD	NAME ROMNES, REBECCA	STREET ADDRESS 2 ECLIPSE TR	CITY-ST-ZIP ORMOND BEACH FL 32174
TITLE PD	NAME PARKER, TOM	STREET ADDRESS 4 MMOSA TR	CITY-ST-ZIP ORMOND BEACH FL 32174
TITLE VD	NAME NICASTRO, RUSS	STREET ADDRESS 6 MMOSA TRAIL	CITY-ST-ZIP ORMOND BEACH FL 32174
TITLE SD	NAME GOLDSTEIN, BARBARA	STREET ADDRESS 12 ECLIPSE TR	CITY-ST-ZIP ORMOND BEACH FL 32174
TITLE D	NAME WALTERS, DAVID	STREET ADDRESS 12 MMOSA TR	CITY-ST-ZIP ORMOND BEACH FL 32174
TITLE D	NAME O'DELL, BERNIS	STREET ADDRESS 17 MORNING DEW TR	CITY-ST-ZIP ORMOND BEACH FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARRIS, CAROLYN
2.3 STREET ADDRESS	5 MIMOSA TRAIL
2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHAPIN, DUANE
4.3 STREET ADDRESS	8 MIMOSA TRAIL
4.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	IANNACONE, ELENA
5.3 STREET ADDRESS	1 MIMOSA TRAIL
5.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(a), 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 changed, or on an attachment with an address.

SIGNATURE: *Rebecca Romnes* **Rebecca Romnes** 4/20/95 904-676-2110