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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 750697

(5)

OAK VILLAGE OF THE TRAILS HOMEOWNERS ASSOCIATION
, INC.

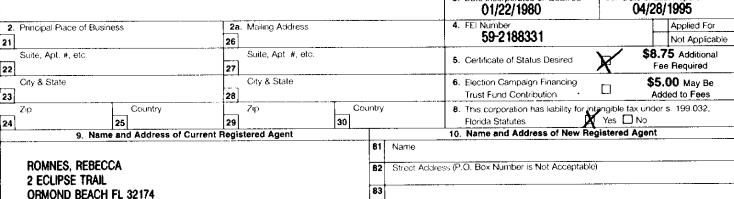
Principal Place of Business

Mailing Address

15 ECLIPSE TRAIL
ORMOND BEACH FL 32174

2. Principal Place of Business

2a. Mailing Address



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.

84 City

SIGNATURE						
	Signature: typeo or pentist name of registered agent and stell approaches	(NOTE: Re	gistered Agent signature rec 13.	ure required when reinstating* DATE ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND DIRECTORS TD	DELETE	11 TITLE	AUD HONG O'IA VOLO TO OTHOLING A	Change	Addition
TITUE	10		12 NAME		□ ·· - · •	
NAME	ROMNES, REBECCA					
STREET ADDRESS	2 ECLIPSE TR		1.3 STHEET ADDRESS			
CITY ST-2IP	ORMOND BEACH FL 32174	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change	Addition
TITLE	PD				Ontarigo	7,20,110,1
NAME	GARRIS, CAROLYN		2.2 NAME			
STREET ADDRESS	5 MIMOSA TRAIL		2 3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL		2 4 CITY - ST - ZIP		<u> </u>	
1:TLE	VD	DELETE	3 1 TITLE		Change	Addition
NAME	NICASTRO, RUSS		3.2 NAMÉ			
STREET ADDRESS	6 MIMOSA TRAIL		3.3 STREET ADDRESS			
CHY-ST-ZIP	ORMOND BEACH FL 32174		34 CITY-ST-ZIP			
TITLE	SD	DELETE	4 1 TITLE		Change	☐ Addit₁on
NAME	CHAPIN, DUANE		4 2 NAME			
STREET ADDRESS	8 MIMOSA TRAIL		4.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY - ST - ZIP			
TillE	D	DELETE	5 1 TITLE		☐ Change	Addition
NAME	IANNACONE, ELENA		5.2 NAME			
STREET ADDRESS	1 MIMOSA TRAIL		5.3 STREET ADDRESS			
CITY - ST - ZIP	ORMOND BEACH FL		5 4 CITY - ST - ZIP			
T-TLE	D	DELETE	61 TITLE		☐ Change	Addition
NAME	O'DELL, BERNIS		6 2 NAME			
STREET ADDRESS	17 MORNING DEW TR		6.3 STREET ADDRESS			
CITY - ST - ZIP	ORMOND BEACH FL 32174		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 119.07(3)(k). 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 early; that I am an office en director of this 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:

SUGNATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICER OR DIRECTOR

2/13/96 904-676-2110

3. Date Incorporated or Qualified

3a. Date of Last Report

Zip Code

85

CR2E037 (12/95)