

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750697 (5)

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



Principal Place of Business: 15 ECLIPSE TRAIL, ORMOND BEACH FL 32174  
Mailing Address: 15 ECLIPSE TRAIL, ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 01/22/1980  
3a. Date of Last Report: 04/28/1995  
4. FEI Number: 59-2188331  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country

9. Name and Address of Current Registered Agent: ROMNES, REBECCA, 2 ECLIPSE TRAIL, ORMOND BEACH FL 32174  
10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code (FL)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and, where applicable, NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMNES, REBECCA	12 NAME	
STREET ADDRESS	2 ECLIPSE TR	13 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL 32174	14 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIS, CAROLYN	22 NAME	
STREET ADDRESS	5 MIMOSA TRAIL	23 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	24 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICASTRO, RUSS	32 NAME	
STREET ADDRESS	6 MIMOSA TRAIL	33 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL 32174	34 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPIN, DUANE	42 NAME	
STREET ADDRESS	8 MIMOSA TRAIL	43 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNAcone, ELENA	52 NAME	
STREET ADDRESS	1 MIMOSA TRAIL	53 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DELL, BERNIS	62 NAME	
STREET ADDRESS	17 MORNING DEW TR	63 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL 32174	64 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 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: *Rebecca Romnes* 2/13/96 904-676-2110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)