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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32174-4936

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/22/1980		02/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2188331		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		25		29		30	
6. Election Campaign Financing Trust Fund Contribution				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<input type="checkbox"/>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROMNES, REBECCA 2 ECLIPSE TRAIL ORMOND BEACH FL 32174				81 Name Patricia Kraft			
				82 Street Address (P.O. Box Number is Not Acceptable) 6 Eclipse Trail			
				83			
				84 City Ormond Beach FL 85 Zip Code 32174			

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: *Patricia Lynn Kraft* Patricia Lynn Kraft DATE: 4-25-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ROMNES, REBECCA		1.2 NAME	Barbara Goldstein			
STREET ADDRESS	2 ECLIPSE TR		1.3 STREET ADDRESS	12 Eclipse Trail			
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP	Ormond Beach FL 32174			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GARRIS, CAROLYN		2.2 NAME	Patricia Kraft			
STREET ADDRESS	5 MIMOSA TRAIL		2.3 STREET ADDRESS	6 Eclipse Trail			
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	Ormond Beach FL 32174			
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NICASTRO, RUSS		3.2 NAME				
STREET ADDRESS	6 MIMOSA TRAIL		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
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				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	IANACONE, ELENA		5.2 NAME	Margo Zeiss			
STREET ADDRESS	1 MIMOSA TRAIL		5.3 STREET ADDRESS	12 Mimosa Trail			
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-ST-ZIP	Ormond Beach FL 32174			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	O'DELL, BERNIS		6.2 NAME	Don Wittenberg			
STREET ADDRESS	17 MORNING DEW TR		6.3 STREET ADDRESS	15 Morning Dew Trail			
CITY-ST-ZIP	ORMOND BEACH FL 32174		6.4 CITY-ST-ZIP	Ormond Beach FL 32174			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Patricia Lynn Kraft* DATE: 4-25-97

CR2E037 (9/96)