


FILE NOW: FILING FEE IS \$61.25

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Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750697 (5)**

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



Principal Place of Business <b>15 ECLIPSE TRAIL ORMOND BEACH FL 32174</b>	Mailing Address <b>15 ECLIPSE TRAIL ORMOND BEACH FL 32174</b>
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3. Date Incorporated or Qualified <b>01/22/1980</b>		
4. FEI Number <b>59-2188331</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**KRAFT, PATRICIA  
6 ECLIPSE TRAIL  
ORMOND BEACH FL 32174**

**10. Name and Address of New Registered Agent**

81 Name <b>LORENE B. COOLEY</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>18 MORNING DEW TRAIL</b>	
83	
84 City <b>ORMOND BEACH</b>	85 Zip Code <b>FL 32174</b>

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 *Lorene B. Cooley* **LORENE B. COOLEY - TREASURER** DATE **3-6-98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDSTEIN, BARBARA</b>	
STREET ADDRESS	<b>12 ECLIPSE TR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRAFT, PATRICIA</b>	
STREET ADDRESS	<b>6 ECLIPSE TR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>NICASTRO, RUSS</b>	
STREET ADDRESS	<b>6 MIMOSA TRAIL</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPIN, DUANE</b>	
STREET ADDRESS	<b>8 MIMOSA TRAIL</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZEISS, MARGO</b>	
STREET ADDRESS	<b>12 MIMOSA TR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WITTENBERG, DON</b>	
STREET ADDRESS	<b>15 MORNING DEW TR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>VICE PRESIDENT, DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MELVIN DUNCAN</b>	
1.3 STREET ADDRESS	<b>26 MORNING DEW TRAIL</b>	
1.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	
2.1 TITLE	<b>TREASURER, DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LORENE B. COOLEY</b>	
2.3 STREET ADDRESS	<b>18 MORNING DEW TRAIL</b>	
2.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	
3.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>NICASTRO, RUSS</b>	
3.3 STREET ADDRESS	<b>6 MIMOSA TRAIL</b>	
3.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	
4.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GARCIA, DOROTHY</b>	
4.3 STREET ADDRESS	<b>4 MIMOSA TRAIL</b>	
4.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>GOLDSTEIN, BARBARA</b>	
5.3 STREET ADDRESS	<b>12 ECLIPSE TRAIL</b>	
5.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	
6.1 TITLE	<b>SECRETARY, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>WITTENBERG, DON</b>	
6.3 STREET ADDRESS	<b>15 MORNING DEW TRAIL</b>	
6.4 CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	

14. 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 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 *Lorene B. Cooley* **LORENE B. COOLEY** DATE **3-6-98** **904 673-7015**

CFR2E037 (10/97)

**Box 13: Additions/Changes to Officers and Directors in 12(cont.)**

<b>7.1 Title</b>	<b>Director</b>
<b>7.2 Name</b>	<b>Smith, Jim</b>
<b>7.3 Street Address</b>	<b>9 Mimosa Trail</b>
<b>7.4 City-St-Zip</b>	<b>Ormond Beach, FL 32174</b>