


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90047 018 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 750697**

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

122386 - 90047 - 18

|  |  |
|--|--|
| Principal Place of Business<br>15 ECLIPSE TRAIL<br>ORMOND BEACH FL 32174 | Mailing Address<br>15 ECLIPSE TRAIL<br>ORMOND BEACH FL 32174 |
|--|--|



|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>01/22/1980  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2188331  |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |
|                                      | Country<br>29             |  |
|                                      | Country<br>30             |  |

|  |  |   |                |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent                |  | 10. Name and Address of New Registered Agent          |                |
| COOLEY, LORENE B<br>18 MORNING DEW TR<br>ORMOND BEACH FL 32174 |  | 81 Name   |                |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                |
|  |  | 83  |                |
|  |  | 84 City   | FL 85 Zip Code |

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* (NOTE: Registered Agent signature required when reinstating) DATE 1-25-99

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|-------------------------|---|-----------------------|
| TITLE                      | VPD<br>DUNCAN, MELVIN   | 1.1 TITLE   | PD<br>DUNCAN, MELVIN  |
| NAME                       | 26 MORNING DEW TR       | 1.2 NAME  | 26 MORNING DEW TR     |
| STREET ADDRESS             | ORMOND BEACH FL 32174   | 1.3 STREET ADDRESS                                    | ORMOND BEACH FL 32174 |
| CITY-ST-ZIP                |                         | 1.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | TD<br>COOLEY, LORENE B  | 2.1 TITLE   |                       |
| NAME                       | 18 MORNING DEW TR       | 2.2 NAME  |                       |
| STREET ADDRESS             | ORMOND BEACH FL 32174   | 2.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                         | 2.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D<br>NICASTRO, RUSS     | 3.1 TITLE   | VD<br>NICASTRO RUSS   |
| NAME                       | 6 MIMOSA TR             | 3.2 NAME  | 6 MIMOSA TR           |
| STREET ADDRESS             | ORMOND BEACH FL 32174   | 3.3 STREET ADDRESS                                    | ORMOND BEACH FL 32174 |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D<br>GARCIA, DOROTHY    | 4.1 TITLE   | D<br>SMITH JIM        |
| NAME                       | 4 MIMOSA TR             | 4.2 NAME  | 9 MIMOSA TR           |
| STREET ADDRESS             | ORMOND BEACH FL 32174   | 4.3 STREET ADDRESS                                    | ORMOND BEACH FL 32174 |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D<br>GOLDSTEIN, BARBARA | 5.1 TITLE   | D<br>CHAPIN, DUANE    |
| NAME                       | 12 ECLIPSE TR           | 5.2 NAME  | 8 MIMOSA TR           |
| STREET ADDRESS             | ORMOND BEACH FL 32174   | 5.3 STREET ADDRESS                                    | ORMOND BEACH FL 32174 |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | SD<br>WITTENBERG, DON   | 6.1 TITLE   |                       |
| NAME                       | 15 MORNING DEW TR       | 6.2 NAME  |                       |
| STREET ADDRESS             | ORMOND BEACH FL 32174   | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |                       |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Lorene B Cooley* SIGNATURE REQUIRED DATE 1-25-99 DAYTIME PHONE # 904-673-7015

CR2E037 (11/98)