

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

0008924

**DOCUMENT # 750697**

03-06-2001 90311 026 \*\*\*\*61.25

1. Entity Name

**OAK VILLAGE OF THE TRAILS HOMEOWNERS ASSOCIATION**

Principal Place of Business

Mailing Address

**15 ECLIPSE TRAIL  
 ORMOND BEACH FL 32174**

**15 ECLIPSE TRAIL  
 ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2188331**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOLEY, LORENE B  
 18 MORNING DEW TR  
 ORMOND BEACH FL 32174**

Name **RITA WOODHULL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16 MORNING DEW TRAIL**  
 City **ORMOND BEACH** **FL** Zip Code **32174**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Melvin Duncan* *Rita Woodhull* *2-27-01*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUNCAN, MELVIN	
STREET ADDRESS	26 MORNING DEW TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COOLEY, LORENE B	
STREET ADDRESS	18 MORNING DEW TR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NICASTRO, RUSS	
STREET ADDRESS	6 MIMOSA TR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JIM	
STREET ADDRESS	P MIMOSA TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAPIN, DUANE	
STREET ADDRESS	8 MIMOSA TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WITTENBERG, DON	
STREET ADDRESS	15 MORNING DEW TR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	SECRETARY, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITA WOODHULL	
STREET ADDRESS	16 MORNING DEW TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VICE PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE R. WOODHULL	
STREET ADDRESS	16 MORNING DEW TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGE LINN	
STREET ADDRESS	9 MORNING DEW TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TREASURER, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Melvin Duncan* *2-27-01*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)