

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

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DOCUMENT # 750697
 1. Entity 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**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02092005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2188331 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~WOODHULL, RITA
 16 MORNING DEW TR
 ORMOND BEACH, FL 32174~~

7. Name and Address of New Registered Agent
 Name **BARBARA GOLDSTEIN**
 Street Address (P.O. Box Number is Not Acceptable)
12 ECLIPSE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BARBARA GOLDSTEIN** *Barbara Goldstein* **March 1, 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURCAN, MELVIN 26 MORNING DEW TRAIL ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACIVITA, ANTHONY 3 MORNING DEW TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, LESLIE 18 MORNING DEW TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, JIM 5 MIMOSA TRAIL ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEBMER, SHIRLEY 12 MORNING DEW DR. ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA GOLDSTEIN 5 MIMOSA TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REBECCA COOPER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14 MIMOSA TRAIL ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLYN GARRIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5 MIMOSA TRAIL ORMOND BEACH, FL 32174 AS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY WEBMER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 MORNING DEW TRAIL ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REBECCA RUMNES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2 ECLIPSE TRAIL ORMOND BEACH, FL 32174 T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PER HANS RUMNES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2 ECLIPSE TRAIL ORMOND BEACH, FL 32174 V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA GOLDSTEIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 ECLIPSE TRAIL ORMOND BEACH, FL 32174 S

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: **Barbara Goldstein(S)** *Barbara Goldstein* **3/1/05** **386676-2435**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #