


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90094 032 ****61.25

| | | | | | |
|--|--|--|---------|---|--|
| 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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent GOLDSTEIN, BARBARA 12 ECLIPSE TRAIL ORMOND BEACH FL 32174 | | 7. Name and Address of New Registered Agent Name <u>Richard Cordell</u> Street Address (P.O. Box Number is Not Acceptable) <u>22 Morning Dew Trail</u> City <u>Ormond Beach</u> FL Zip Code <u>32174</u> | | | |
| 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 <u>Richard Cordell</u> | | DATE <u>1-31-07</u> | | | |
| <p>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</p> | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| <p>Make Check Payable to Florida Department of State</p> | | | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE | ST GOLDSTEIN, BARBARA 12 ECLIPSE TRL ORMOND BEACH FL 32174 | <input checked="" type="checkbox"/> Delete | TITLE | ST Richard Cordell 22 Morning Dew Trail Ormond Beach FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D LACIVITA, ANTHONY 3 MORNING DEW TRAIL ORMOND BEACH FL 32174 | <input type="checkbox"/> Delete | TITLE | Pres. Leslie Braun 18 Morning Dew Trail Ormond Beach, FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D COOPER, REBECCA 14 MIMOSA TRAIL ORMOND BEACH FL 32174 | <input checked="" type="checkbox"/> Delete | TITLE | D mei Duncan 26 Morning Dew Trail Ormond Beach, FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D GARRIS, CAROLYN 5 MIMOSA TRAIL ORMOND BEACH FL 32174 | <input checked="" type="checkbox"/> Delete | TITLE | D Margi Linn 9 Morning Dew Trail Ormond Beach, FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D CARRISE, ROYMOND 8 ECLIPSE TRL ORMOND BEACH FL 32174 | <input type="checkbox"/> Delete | TITLE | D Bernis O'Dell 17 Morning Dew Trail Ormond Beach FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D HUGHES, PAUL 4 CAUREN CT ORMOND BEACH FL 32174 | <input checked="" type="checkbox"/> Delete | TITLE | D Josh Poptor 15 Morning Dew Trail Ormond Beach, FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Richard Cordell</u> | | DATE: <u>2-1-07</u> 386 299 8065 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |