

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90030 004 ****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**



01172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORDELL, RICHARD
 22 MORNING DEWTRAIL
 ORMOND BEACH, FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ST Delete
 NAME: CORDELL, RICHARD
 STREET ADDRESS: 22 MORNING TRAIL
 CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: D Delete
 NAME: BRAUN, LESLIE
 STREET ADDRESS: 18 MORNING DEW TRAIL
 CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: D Delete
 NAME: LINN, MARGE
 STREET ADDRESS: 9 MORNING DEW TRAIL
 CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: D Delete
 NAME: GARRIS, CAROLYN
 STREET ADDRESS: 5 MIMOSA TRAIL
 CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: D Delete
 NAME: CARRISE, ROYMOND
 STREET ADDRESS: 8 ECLIPSE TRAIL
 CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: D Delete
 NAME: DUNCAN, MEL
 STREET ADDRESS: 26 MORNING DEW TRAIL
 CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Richard L Cordell **Richard L Cordell** 3-7-08 386-299-8005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #