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NONPROFIT CORPORATION ANNUAL REPORT,



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

768733

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OAK TRAIL ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Maling Address STA New STAT LARE STOR WY SMITH LARE STORY SMITH LA					
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Zo	City & State	— ·			
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SS6S NW 96TH LN OCALA FL 34482 88 City Ocala, FL 85 34482 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 diffice or registered agent, or boly? It his Statement for object of 17,0502 florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent. I am for this purpose of changing its registered diffice or registered agent. I am for this purpose of changing its registered diffice or registered agent. I am for this purpose of changing its registered diffice or registered agent. I am for this purpose of changing its registered diffice or registered agent. I am for this purpose of changing its registered diffice or registered agent. I am for this purpose of the appointment as registered diffice or registered agent. I am for this purpose of the provinced registered agent. I am for this purpose of the provinced agent. I am for this purpose of the provinced agent. I am for this purpose of the provinced agent. I am for this purpose of changing its registered diffice or registered agent. I am for this purpose of the provinced agent. I am for this purpose of the provinced agent. I am for this purpose of the provinced agent. I am for this purpose of the provinced agent. I am for this purpose of the provinced agent. I am for this purpose of the provinced agent. I am for this purpose of the provinced agent. I am for the purpose of the provinced agent. I am for the purpose of the provinced agent. I am for this purpose of the provinced agent. I am for the purpose of the provinced agent. I am for the purpose of the provinced agent. I am for the purpose of the provinced agent. I am for the purpose of the provinced agent. I am for the purpose of the provinced agent. I am for the purpose of the provinced agent. I am for the purpose of the provinced agent. I am for the purpose of the provinced agent. I am for the purpose o	DOWELL MIVE			inda Phillips	
OCALA FL 34482 B3	-		82 Street Ad	Gress 19.0, Box Number Is Not Acceptable 525 N W 96th Lane	le}
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	CITY-ST-ZIP	on supplied with this filing is voluntarily furnished	■ 6.4 CITY-ST-ZIP ed and does not qualif	fy for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further

Too nereby 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.

SIGNATURE:

Sigfres, 4/1/96