


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90038 003 ****61.25

DOCUMENT # 756259 1. Entity Name OAKWOOD OF THE TRAILS WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 110 OLD TREELINE TRL. DELAND, FL 32724			Mailing Address 110 OLD TREELINE TRL. DELAND, FL 32724		
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 RANSBOTTOM, LUELLEN VOLUSIA COMMUNITY MGMT, I 991 OLD MILL RUN ORMOND BEACH, FL 32724				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEELER, RONALD 5 ROLLINGSWOOD TRL DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Robt. Dea 57 Fernwood Tr DeLand FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUURLINGER, AUSTIN 9 AUTUMNWOOD DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D Angela Stone 14 AUTUMNWOOD TR DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARANET, NICK 68 ELMWOOD TRL DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Higgins 13 AUTUMNWOOD TR DeLand FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SADLER, GIGI 16 AUTUMNWOOD TRAIL DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SANDY McCONNELL 224 Silver Branch Tr DeLand FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE 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: <u>Robert Dea</u> 2/12/07 386-736-9980 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					