

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750697

FILED
Jan 04, 2010
Secretary of State

Entity Name: OAK VILLAGE OF THE TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15 ECLIPSE TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

15 ECLIPSE TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2188331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST
Name: CORDELL, RICHARD
Address: 22 MORNING TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: BRAUN, LESLIE
Address: 18 MORNING DEW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: LINN, MARGE
Address: 9 MORNING DEW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: JONES, CARLEEN
Address: 7 MORNING DEW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: CARRIER, RAYMOND
Address: 8 ECLIPSE TRL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: DUNCAN, MEL
Address: 26 MORNING DEW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD L. CORDELL

ST

01/04/2010

Electronic Signature of Signing Officer or Director

Date