

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750697

**FILED**  
**Jan 19, 2018**  
**Secretary of State**  
**CC9349877385**

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

**Current Principal Place of Business:**

124 N NOVA ROAD  
SUITE 145  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

124 N NOVA ROAD  
SUITE 145  
ORMOND BEACH, FL 32174 US

**FEI Number:** 59-2188331

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NIEVES, RAFAEL  
124 N NOVA ROAD  
SUITE 145  
ORMOND BEACH, FL 32174 US

*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:** RAFAEL NIEVES

01/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           NIEVES, RAFAEL  
Address        124 N NOVA ROAD  
                  SUITE 145  
City-State-Zip: ORMOND BEACH FL 32174

Title           SECRETARY  
Name           WEEKS, EDNA  
Address        124 N NOVA ROAD  
                  SUITE 145  
City-State-Zip: ORMOND BEACH FL 32174

Title           TREASURER  
Name           MCLEAN, LOURDES  
Address        124 N NOVA ROAD  
                  SUITE 145  
City-State-Zip: ORMOND BEACH FL 32174

Title           DIRECTOR  
Name           LACIVITA, ANTHONY  
Address        124 N NOVA ROAD  
                  SUITE 145  
City-State-Zip: ORMOND BEACH FL 32174

Title           DIRECTOR  
Name           CARSON, ROBERT JR.  
Address        124 N NOVA ROAD  
                  SUITE 145  
City-State-Zip: ORMOND BEACH FL 32174

Title           DIRECTOR  
Name           SWINK, JENNIFER  
Address        124 N NOVA ROAD  
                  SUITE 145  
City-State-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:** LOURDES MCLEAN

**TREASURER**

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date