

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750697

**FILED  
Mar 03, 2014  
Secretary of State  
CC7378853179**

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

**Current Principal Place of Business:**

15 ECLIPSE TRAIL  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

15 ECLIPSE TRAIL  
ORMOND BEACH, FL 32174

**FEI Number: 59-2188331**

**Certificate of Status Desired: No**

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

CORDELL, RICHARD  
22 MORNING DEW TRAIL  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

Title D  
Name BECKER, BRENDA  
Address 24 MORNING DEW TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name O'DELL, BERNIS  
Address 17 MORNING DEW TRAIL  
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: RICHARD L. CORDELL**

**S/T**

**03/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date