

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750697

FILED
Apr 26, 2023
Secretary of State
3837756921CC

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

Current Principal Place of Business:

4645 S CLYDE MORRIS BLVD
SUITE 401
PORT ORANGE, FL 32129

Current Mailing Address:

4645 S CLYDE MORRIS BLVD
SUITE 401
PORT ORANGE, FL 32129 US

FEI Number: 59-2188331

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOMOKA PROPERTY MANAGEMENT, INC.
4645 S CLYDE MORRIS BLVD
SUITE 401
PORT ORANGE, FL 32129 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: NATHAN WADE

04/26/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COOPER, REBECCA
Address 4645 S CLYDE MORRIS BLVD
SUITE 401
City-State-Zip: PORT ORANGE FL 32129

Title VP
Name LACIVITA, ANTHONY
Address 4645 S CLYDE MORRIS BLVD
SUITE 401
City-State-Zip: PORT ORANGE FL 32129

Title SECRETARY, TREASURER
Name SWINK, JENNIFER
Address 4645 S CLYDE MORRIS BLVD
SUITE 401
City-State-Zip: PORT ORANGE FL 32129

Title PRESIDENT
Name NIEVES, RAFAEL
Address 4645 S CLYDE MORRIS BLVD
SUITE 401
City-State-Zip: PORT ORANGE FL 32129

Title D
Name MCLEAN, LOURDES
Address 4645 S CLYDE MORRIS BLVD
SUITE 401
City-State-Zip: PORT ORANGE FL 32129

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: RAFAEL NIEVES

P

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date