

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750697

FILED
May 01, 2022
Secretary of State
6375719765CC**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:** Yes**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

05/01/2022

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	SECRETARY, TREASURER
Name	SWINK, JENNIFER
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	PRESIDENT
Name	NIEVES, RAFAEL
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

CAM

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date