

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