FEI NUMBER: 59-2424570			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
CROSSMAN, P 5828 NW 96 LA OCALA, FL 344	NE			
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	: PETER L CROSSMAN			01/27/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
Name	KENNEDY, ROBERT	Name	HAMMOND, WALTER	
Address	5795 NORHTWEST 96 LA	Address	5770 NW 96TH LANE	
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482	
Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR	
Name	HONKUS, VICKY	Name	CROSSMAN, PETER	
Address	5661 NW 96TH LN	Address	5828 NW 60TH AVE	
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482	
Title	DIRECTOR			
Name	CUMMINGS, JOHN			
Address	5725 NW 96TH LA.			
City-State-Zip:	OCALA FL 34482			

**Current Mailing Address:** 

**Current Principal Place of Business:** 

**DOCUMENT# 768733** 

5828 NW 96TH LANE OCALA, FL 34482

5828 NW 96TH LANE OCALA. FL 34482 US

## FEI Number: 59-2424570

#### N

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: OAK TRAIL ESTATES HOMEOWNERS ASSOCIATION, INC.

# 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: PETER L CROSSMAN

01/27/2016 DIRECTOR/TREASURER

Electronic Signature of Signing Officer/Director Detail

### FILED Jan 27, 2016 Secretary of State CC3877175412

Certificate of Status Desired: No.

Date