

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768733

Entity Name: OAK TRAIL ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5828 NW 96TH LANE
OCALA, FL 34482**Current Mailing Address:**5828 NW 96TH LANE
OCALA, FL 34482 US**FEI Number:** 59-2424570**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROSSMAN, PETER
5828 NW 96 LANE
OCALA, FL 34482 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:** PETER L CROSSMAN

02/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BROWN, LYNN
Address 5565 NORHTWEST 96 LA
City-State-Zip: Ocala FL 34482

Title TREASURER, DIRECTOR
Name CROSSMAN, PETER
Address 5828 NW 60TH AVE
City-State-Zip: Ocala FL 34482

Title VP, DIRECTOR
Name CUMMINGS, SHARON
Address 5728 NW 96TH LN
City-State-Zip: Ocala FL 34482

Title PRESIDENT, DIRECTOR
Name KENNEDY, ROBERT
Address 5795 NORHTWEST 96 LA
City-State-Zip: Ocala FL 34482

Title SECRETARY, DIRECTOR
Name HOUGH, SUSAN
Address 5950 NW 96TH LN
City-State-Zip: Ocala FL 34482

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

TREASURER

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date