

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745419 (2)
1. Corporation Name

CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 604 MAIN TRAIL ORMOND BEACH FL 32174
Mailing Address: 604 MAIN TRAIL ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 12/29/1978
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1882516
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
GERALDS, ELMER
2 SETTING SUN TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Elmer Gerald*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT GOBER	1.2 NAME	
STREET ADDRESS	1 CHEROKEE TRAIL	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALDS, ELMER	2.2 NAME	SAME
STREET ADDRESS	2 SETTING SUN TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOANN	3.2 NAME	SAME
STREET ADDRESS	604 MAIN TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEW BOB TEW BOB	4.2 NAME	VP
STREET ADDRESS	0 CHEROKEE TRAIL	4.3 STREET ADDRESS	ROSEMARY ROSE
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	3 SETTING SUN TRAIL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ORMOND BEACH, FL 32174
NAME	ROONEY, WILLIAM	5.2 NAME	700001765577
STREET ADDRESS	3 RISING MOON TRAIL	5.3 STREET ADDRESS	SAME
CITY-ST-ZIP	ORMOND BCH FL	5.4 CITY-ST-ZIP	04/02/96--01008--004
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATLOW, HORTENSE	6.2 NAME	LINDA MANNERS
STREET ADDRESS	606 MAIN TRAIL	6.3 STREET ADDRESS	626 MAIN TRAIL
CITY-ST-ZIP	ORMOND BCH FL	6.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 199.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ELMER GERALDS *Elmer Gerald* 3/18/96 904-793-7983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)