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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 745419 (2)  
1. Corporation Name  
CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
604 MAIN TRAIL ORMOND BEACH FL 32174 604 MAIN TRAIL ORMOND BEACH FL 32174-4946

2. Principal Place of Business 2a. Mailing Address  
21 1 Setting Sun Trail 26 Same  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
Ormond Beach, Fl  
24 Zip 25 Country 29 Zip 30 Country  
32174 Volusia

3. Date Incorporated or Qualified 12/29/1978 3a. Date of Last Report 04/01/1996  
4. FEI Number 59-1882516 Applied For Not Applicable  
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

9. Name and Address of Current Registered Agent  
GERALDS, ELMER  
1 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 FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PAT GOBER	
STREET ADDRESS	1 CHEROKEE TRAIL	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GERALDS, ELMER	
STREET ADDRESS	2 SETTING SUN TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, JOANN	
STREET ADDRESS	604 MAIN TRAIL	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSEMARY, ROSE	
STREET ADDRESS	3 SETTING SUN TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROONEY, WILLIAM	
STREET ADDRESS	3 RISING MOON TRAIL	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNERS, LINDA	
STREET ADDRESS	626 MAIN TAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S & T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAT GOBER	
1.3 STREET ADDRESS	1 CHEROKEE TRAIL	
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RILEY EMERY	
2.3 STREET ADDRESS	16 CHEROKEE TRAIL	
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Gerald* Elmer Gerald Date Jan 15, 1997 Daytime Phone 904-673-2983

CR2E037 (9/96)