

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1 SETTING SUN TR ORMOND BEACH FL 32174 US	Mailing Address 604 MAIN TRAIL ORMOND BEACH FL 32174
---	---

3. Date Incorporated or Qualified
12/29/1978

4. FEI Number 59-1882516	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 Geralds, Elmer
82 Street Address (P.O. Box Number is Not Acceptable) 1 Setting Sun Trail
83 City Ormond Beach
84 City FL
85 Zip Code 32174

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 relistening) DATE _____

12. OFFICERS AND DIRECTORS

TITLE ST	NAME PAT GOBER	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1 CHEROKEE TRAIL	CITY-ST-ZIP ORMOND BCH FL	
TITLE P	NAME GERALDS, ELMER	<input type="checkbox"/> DELETE
STREET ADDRESS 2 SETTING SUN TRAIL	CITY-ST-ZIP ORMOND BCH FL	
TITLE D	NAME RILEY, EMERY	<input type="checkbox"/> DELETE
STREET ADDRESS 16 CHEROKEE TR	CITY-ST-ZIP ORMOND BEACH FL	
TITLE VP/D	NAME ROSEMARY, ROSE	<input type="checkbox"/> DELETE
STREET ADDRESS 3 SETTING SUN TRAIL	CITY-ST-ZIP ORMOND BEACH FL 32174	
TITLE D	NAME MANNERS, LINDA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 628 MAIN TAIL	CITY-ST-ZIP ORMOND BEACH FL 32174	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Sandy Stone	
1.3 STREET ADDRESS 608 Main Trail	
1.4 CITY-ST-ZIP Ormond Beach, Fl. 32174	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 GERALDS** 4/6/98 (904) 673-2983

CR2E037 (10/97)