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Secretary of State

04-19-1999 90104 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745419

1. Corporation Name

CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1 SETTING SUN TR
 ORMOND BEACH FL 32174
 US

Mailing Address

1 SETTING SUN TRAIL
 ORMOND BEACH FL 32174
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/29/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1882516	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country		
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GERALDS, ELMER 1 SETTING SUN TRAIL ORMOND BEACH FL 32174				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, SANDY	1.2 NAME	RILEY EMERY
STREET ADDRESS	608 MAIN TRAIL	1.3 STREET ADDRESS	16 Cherokee Tr.
CITY-ST-ZIP	ORMOND BCH FL 32174	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	P/D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GERALDS, ELMER	2.2 NAME	
STREET ADDRESS	2 SETTING SUN TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	RILEY, EMERY	3.2 NAME	
STREET ADDRESS	16 CHEROKEE TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	ROSEMARY, ROSE	4.2 NAME	
STREET ADDRESS	3 SETTING SUN TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED FOR GERALDS PRES.** 4-13-99 **904-673-2983**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/98)