

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90281 007 ****61.25

DOCUMENT # 745419

1. Entity Name

CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1 SETTING SUN TR
 ORMOND BEACH FL 32174
 US**

**1 SETTING SUN TRAIL
 ORMOND BEACH FL 32174
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1882516

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERALDS, ELMER
 1 SETTING SUN TRAIL
 ORMOND BEACH FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	STONE, SANDY	
STREET ADDRESS	608 MAIN TRAIL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GERALDS, ELMER	
STREET ADDRESS	2 SETTING SUN-TRAIL	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RILEY, EMERY	
STREET ADDRESS	16 CHEROKEE TR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEARBORN, ALLEN	
STREET ADDRESS	14 CHEROKEE TRL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, GERDA	
STREET ADDRESS	604 MAIN TRL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie Britton	
STREET ADDRESS	804 Main Trail	
CITY-ST-ZIP	Ormond Beach, Fl. 32174	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jone Scaturro	
STREET ADDRESS	1 Tamahawk Trail	
CITY-ST-ZIP	Ormond Beach, Fl. 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Derrick Tucker	
STREET ADDRESS	4 Tamahawk Trail	
CITY-ST-ZIP	Ormond Beach, Fl. 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELMER GERALDS, President *Elmer Gerald* **4/15/02** **386-673-2983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #