


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 007 ****61.25

DOCUMENT # 745419			
1. Entity Name CHEROKEE TRAILS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1 SETTING SUN TRAIL ORMOND BEACH FL 32174 US		Mailing Address 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



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1882516		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GERALDS, ELMER 1 SETTING SUN TRAIL ORMOND BEACH FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KELLEY, EDWARD			NAME	Doug Kinney		
STREET ADDRESS	53 RIVER RIDGE TRAIL			STREET ADDRESS	2 Cherokee Trail		
CITY-ST-ZIP	ORMOND BEACH FL 42174			CITY-ST-ZIP	Ormond Beach, Fl. 32174		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOODWIN, RAYMOND			NAME	David Buttermore		
STREET ADDRESS	3 TOMAHAWK TRAIL			STREET ADDRESS	2 Tomahawk Trail		
CITY-ST-ZIP	ORMOND BEACH FL 32174			CITY-ST-ZIP	Ormond Beach, Fl. 32174		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GERALDS, ELMER			NAME	Ed LaComb		
STREET ADDRESS	1 SETTING SUN TRAIL			STREET ADDRESS	4 Tomahawk Trail		
CITY-ST-ZIP	ORMOND BEACH FL 32174			CITY-ST-ZIP	Ormond Beach, Fl. 32174		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPP, SHERRY			NAME			
STREET ADDRESS	2300 N. ATLANTIC AVE., #1601			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPP, MARK			NAME			
STREET ADDRESS	2300 N. ATLANTIC AVE.			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACKE, TOM			NAME			
STREET ADDRESS	8 TOMAHAWK TRAIL			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32174			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Gerald* **ELMER GERALDS** 2-14-06 386-673-2983