


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90046 028 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1882516	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DOUG KINNEY	NAME	Cheryl Beidler		
STREET ADDRESS	2 CHEROKEE TRAIL	STREET ADDRESS	3 Rising Moon Trail		
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	Ormond Beach, Fl. 32174		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	BUTTERMORE, DAVID	NAME			
STREET ADDRESS	2 TOMAHAWK TRL	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE			
NAME	LACOMB, ED	NAME			
STREET ADDRESS	4 TOMAHAWK TRAIL	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	KELLEY, EDWARD	NAME			
STREET ADDRESS	53 RIVER RIDGE TRAIL	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	LIPP, MARK	NAME			
STREET ADDRESS	2300 N. ATLANTIC AVE.	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE			
NAME	ELMER, GERALDS	NAME			
STREET ADDRESS	1 SETTING SUN 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 Chapter 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: <i>Elmer Gerald</i>		3-3-08		386-673-2987	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	