

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90745 030 \*\*\*\*61.25

**DOCUMENT # 745419**

1. Entity 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

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

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	STB BRITTON, LESLIE	604 MAIN TRAIL	ORMOND BEACH FL 32174		D Mark Strasnick	602 Main Trail	Ormond Beach, Fl. 32174
	PD GERALDS, ELMER	2 SETTING SUN TRAIL	ORMOND BCH FL				
	VPD SCATURRO, JON	1 TAMAHAWK TRAIL	ORMOND BEACH FL 32174				
	D DEARBORN, ALLEN	14 CHEROKEE TRL	ORMOND BEACH FL 32174				
	D TUCKER, DERRICK	4 TAMAHAWK TRAIL	ORMOND BEACH FL 32174				

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: *[Signature]* **SIGNATURE REQUIRED** Feb 28, 2003 386-673-2983

CR2E037 (10/02)