

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750697

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** OAK VILLAGE OF THE TRAILS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15 ECLIPSE TRAIL  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

15 ECLIPSE TRAIL  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-2188331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORDELL, RICHARD  
22 MORNING DEWTRAIL  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: CORDELL, RICHARD  
Address: 22 MORNING TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: BRAUN, LESLIE  
Address: 18 MORNING DEW TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: LINN, MARGE  
Address: 9 MORNING DEW TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: GARRIS, CAROLYN  
Address: 5 MIMOSA TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: CARRISE, ROYMOND  
Address: 8 ECLIPSE TRL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: DUNCAN, MEL  
Address: 26 MORNING DEW TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JONES, CARLEEN  
Address: 7 MORNING DEW TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition  
Name: CARRIER, RAYMOND  
Address: 8 ECLIPSE TRL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE BRAUN

PRES

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date