
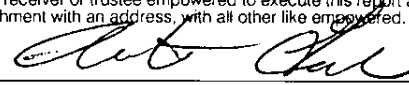


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90058 037 ****61.25

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|---|--|---|--|---|--|
| DOCUMENT # 756259 | | | |  | |
| 1. Entity Name OAKWOOD OF THE TRAILS WEST HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 110 OLD TREELINE TRL. DELAND, FL 32724 | | | Mailing Address 110 OLD TREELINE TRL. DELAND, FL 32724 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RANSBOTTOM, LUELLEN VOLUSIA COMMUNITY MGMT, I 991 OLD MILL RUN ORMOND BEACH, FL 32724 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <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 PD NAME DEA, ROBERT STREET ADDRESS 57 FERNWOOD TR. CITY-ST-ZIP DELAND, FL 32724 | <input type="checkbox"/> Delete | | TITLE D NAME SAUDY MCCONNELL STREET ADDRESS 224 SILVER BRANCH TR CITY-ST-ZIP DELAND FL 32724 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE TD NAME GUIRLINGER, AUSTIN STREET ADDRESS 9 AUTUMNWOOD CITY-ST-ZIP DELAND, FL 32724 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME BARANET, NICK STREET ADDRESS 68 ELMWOOD TRL CITY-ST-ZIP DELAND, FL 32724 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME SADLER, GIGI STREET ADDRESS 16 AUTUMNWOOD TRAIL CITY-ST-ZIP DELAND, FL 32724 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VPD NAME STONE, ANGELA STREET ADDRESS 14 AUTUMNWOOD TR. CITY-ST-ZIP DELAND, FL 32724 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME HIGGINS, LINDA STREET ADDRESS 13 AUTUMNWOOD TR. CITY-ST-ZIP DELAND, FL 32724 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | Date <u>1-15-08</u> Daytime Phone # <u>386 738 9794</u> | | |