2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 756259

Entity Name: OAKWOOD OF THE TRAILS WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

110 OLD TREELINE TRL.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

110 OLD TREELINE TRL.
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-2597186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANSBOTTOM, LUELLEN
VOLUSIA COMMUNITY MGMT, I
991 OLD MILL RUN
ORMOND BEACH, FL 32724 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:	PD	( ) Delete
Name:	DEA, ROBERT	
Address:	57 FERNWOOD TR.	
City-St-Zip:	DELAND, FL 32724	
Title:	TD	( ) Delete
Name:	GUIRLINGER, AUSTIN	
Address:	9 AUTUMNWOOD	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	MCCONNELL, SANDY	
Address:	224 SILVER BRANCH TR	
City-St-Zip:	DELAND, FL 32724	
Title:	VPD	( ) Delete
Name:	STONE, ANGELA	
Address:	14 AUTUMNWOOD TR.	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	HIGGINS, LINDA	
Address:	13 AUTUMNWOOD TR.	
City-St-Zip:	DELAND, FL 32724	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	YORK, JACK	
Address:	24 WILLOWOOD TR.	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Change (X) Addition
Name:	CRAFT, VENSON	
Address:	212 SILVER BRANCH TRAIL	
City-St-Zip:	DELAND, FL 32724	

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: ROBERT DEA PRES 02/23/2009

Electronic Signature of Signing Officer or Director — Date