

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-06-2008 90034 020 ****61.25

DOCUMENT # 769810

1. Entity Name
OAK TRAIL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**STERLING MGMT
2870 SCHERER DR 100
SAINT PETERSBURG, FL 33716**

Mailing Address
**STERLING MGMT
2870 SCHERER DR 100
SAINT PETERSBURG, FL 33716**



2. Principal Place of Business - No P.O. Box #

Avid Property Management
Suite, Apt. #, etc.
5008 W Linebaugh suite 15

3. Mailing Address

Avid Property Management
Suite, Apt. #, etc.
5008 W Linebaugh suite 15

03032008 Chg-NP CR2E037 (12/06)

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-2366110

Applied For
Not Applicable

Zip
33624

Country
Hillsborough

Zip
33624

Country
Hills

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COTTERLY RONALD
1010 N FLORIDA
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **Avid Property Management**
Street Address (P.O. Box Number is Not Acceptable)
5008 W Linebaugh Ave
Suite **15**
City **Tampa** FL Zip Code **33624**

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]

AVELINO VIDE

3-2-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **D**
NAME **ROSE, MARILYN**
STREET ADDRESS **3401 OAK TRAIL CT**
CITY-ST-ZIP **TAMPA, FL 33614**

☒ Delete

TITLE **VP**
NAME **GARCIA, ELIZABETH**
STREET ADDRESS **3426 OAK TRAIL**
CITY-ST-ZIP **TAMPA, FL 33614**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Pres** **Petuck, Gerald** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3421 OAK TRAIL**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **Pres** **Lizette** ☒ Change ☐ Addition
NAME **GARCIA**
STREET ADDRESS **3426 OAK TRAIL**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **Sec** **Alicia** ☐ Change ☒ Addition
NAME **Reaboi**
STREET ADDRESS **3428 OAK TRAIL**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-08

Date

813-868-1104

Daytime Phone #