

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90133 007 ****61.25

0021278

DOCUMENT # 741028

1. Entity Name

OAK FOREST HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 825
 KEYSTONE HEIGHTS FL 32656

P.O. BOX 825
 KEYSTONE HEIGHTS FL 32656

617395



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2983633

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, EBEN E II
5521 JENKINS LOOP RD.
KEYSTONE HEIGHTS FL 32656

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD BARNETT, EBEN E II**
 STREET ADDRESS **5521 JENKINS LOOP ROAD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MILLS, WYATT**
 STREET ADDRESS **5457 JENKINS LOOP ROAD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD BARNETT, MARY L**
 STREET ADDRESS **5521 JENKINS LOOP ROAD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD MILLS, SHELIA**
 STREET ADDRESS **5457 JENKINS LOOP ROAD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GEIGER, ROBIN**
 STREET ADDRESS **5465 JENKINS LOOP ROAD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PARKER, LYNN**
 STREET ADDRESS **5720 JENKINS LOOP ROAD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
EXPIRED

1/27/2001 *904 264 6886*

Date

Daytime Phone #

CR2E037 (10/00)