

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:13

DOCUMENT # 744369 (0)

1. Corporation Name
THE OAK FOREST & WILDWOOD OF COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 2754 WILDWOOD DRIVE CLEARWATER FL 34621
Mailing Address: 2754 WILDWOOD DRIVE CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1978
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1927371
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
25-28: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent
BLAN, KENNETH W.
2754 WILDWOOD DR.
CLEARWATER FL 34621

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MISOYANAS, CHARLE
STREET ADDRESS	2837 LONGVIEW DR.
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	VOEGE, CLIFFORD
STREET ADDRESS	2723 WOODVIEW COURT
CITY-ST-ZIP	CLEARWATER FL
TITLE	T
NAME	KAKLAMANOS, JIM
STREET ADDRESS	2725 ASHWOOD COURT
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	BLAN, KEN
STREET ADDRESS	2754 WILDWOOD DR.
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	CUNNINGHAM, ROBERT
STREET ADDRESS	2770 LONGVIEW DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	S
NAME	SCOTT, JOHN
STREET ADDRESS	2705 CAPWOOD LANE
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: Kenneth W. Blan 1/19/95 813 285 5241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR