

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744369

FILED  
Apr 03, 2007  
Secretary of State

**Entity Name:** THE OAK FOREST & WILDWOOD OF COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 QUAIL HOLLOW ROAD  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16004  
CLEARWATER, FL 33766 US

**New Mailing Address:**

**FEI Number:** 59-1927371      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNNE, JAMES M  
2801 QUAIL HOLLOW ROAD  
CLEARWATER, FL 33761 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: DUNNE, JAMES M  
Address: 2801 QUAIL HOLLOW ROAD  
City-St-Zip: CLEARWATER, FL 33761

Title: T ( ) Delete  
Name: WITCHER, LISA  
Address: 2815 QUAIL HOLLOW RD  
City-St-Zip: CLEARWATER, FL 33761

Title: VD ( ) Delete  
Name: GANT, NELDA  
Address: 2766 QUAIL HOLLOW RD  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: LOWE, JOYCE  
Address: 2878 QUAIL HOLLOW RD  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: BARRETT, ROBERT R  
Address: 2781 ROCKLEDGE LANE  
City-St-Zip: CLEARWATER, FL 33761

Title: MSD ( ) Delete  
Name: VALBUENA, SUE  
Address: 2778 WILDWOOD DR  
City-St-Zip: CLEARWATER, FL 33761

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA W. WITCHER

TREA

04/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date