

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **09/25/1978**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISOYANAS, CHARLE	12 NAME	
STREET ADDRESS	2837 LONGVIEW DR.	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	
NAME	VOEGE, CLIFFORD	22 NAME	CRAYTON, Paula
STREET ADDRESS	2723 WOODVIEW COURT	23 STREET ADDRESS	2730 Woodmere Ct
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Clearwater FL 34621
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAKLAMANOS, JIM	32 NAME	
STREET ADDRESS	2725 ASHWOOD COURT	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAN, KEN	42 NAME	
STREET ADDRESS	2754 WILDWOOD DR.	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, ROBERT	52 NAME	
STREET ADDRESS	2779 LONGVIEW DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JOHN	62 NAME	
STREET ADDRESS	2785 CAPWOOD LANE	63 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. **J KAKLAMANOS**

SIGNATURE: _____ DATE: **3/4/96** DAYTIME PHONE: _____

CR2E037 (12/95)