

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34621-3237
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/25/1978	3a. Date of Last Report 03/11/1996
21	26	4. FEI Number 59-1927371	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

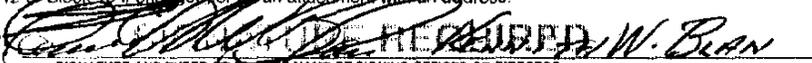
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISOYIANAS, CHARLE	1.2 NAME	V. E. ALLEN
STREET ADDRESS	2837 LONGVIEW DR.	1.3 STREET ADDRESS	2736 Timberline Ct.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAYTON, PAULA	2.2 NAME	CLIFFORD VOEGE
STREET ADDRESS	2730 WOODMERE COURT	2.3 STREET ADDRESS	2723 WOODVIEW CT.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAKLAMANOS, JIM	3.2 NAME	HELEN GUTHMULLER
STREET ADDRESS	2725 ASHWOOD COURT	3.3 STREET ADDRESS	2767 LONGVIEW DR.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAN, KEN	4.2 NAME	SUE VALBUENA
STREET ADDRESS	2754 WILDWOOD DR.	4.3 STREET ADDRESS	2778 WILDWOOD DR.
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, ROBERT	5.2 NAME	HOWARD HAGAN
STREET ADDRESS	2779 LONGVIEW DRIVE	5.3 STREET ADDRESS	3730 WILDWOOD DR.
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, JOHN	6.2 NAME	HUGH BARRETT
STREET ADDRESS	2785 CAPWOOD LANE	6.3 STREET ADDRESS	2831 LONGVIEW DR.
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	CLEARWATER FL 34621

14. I do 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 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 given an attachment with an address.

SIGNATURE  **W. BLAN** 4-16-97 813 985-5641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007300

CR2E037 (9/96)