

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 # **N04646 (8)**
1. Corporation Name
OAK FOREST HOMEOWNERS/CIVIC ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 155, FLORAL CITY FL 34436
Mailing Address: P.O. BOX 155, FLORAL CITY FL 34436

3. Date Incorporated or Qualified: **08/09/1984**
3a. Date of Last Report: **03/31/1995**

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: **NOT APPLICABLE**
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
**POE, GARY A
103 N APOPKA AVE
(AT COURTHOUSE SQUIRE)
INVERNESS FL 32650**

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, THOMAS	
STREET ADDRESS	12229 S. BRIERWOOD PT	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	KOSCHEL, GEORGE	
STREET ADDRESS	12028 S. BRIERWOOD PT	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, ALICE	
STREET ADDRESS	7030 E. OAK FOREST ST	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROLLASON, ESTELLE	
STREET ADDRESS	12261 S. FERN POINT	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOSCHEL, CECILIA	
STREET ADDRESS	12028 S. BRIERWOOD PT.	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTAG, ELLIE	
STREET ADDRESS	12085 S. GLADIOLUS POINT	
CITY-ST-ZIP	FLORAL CITY 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	IRENE FAULHABER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	12230 S HYACINTH PT	
2.3 STREET ADDRESS	FLORAL CITY FL 34436	
2.4 CITY-ST-ZIP		
3.1 TITLE	LIVIA MORGANTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	12205 S. CANNA PT	
3.3 STREET ADDRESS	FLORAL CITY FL 34436	
3.4 CITY-ST-ZIP		
4.1 TITLE	BARBARA JENNINGS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	12000 S. CANNA PT	
4.3 STREET ADDRESS	FLORAL CITY FL 34436	
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 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.

SIGNATURE: *Thomas W Reynolds* President Date: *April 17, 1996*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)