


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90063 019 ****61.25

DOCUMENT # N04646 1. Entity Name OAK FOREST HOMEOWNERS/CIVIC ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 155 FLORAL CITY, FL 34436	Mailing Address P.O. BOX 155 FLORAL CITY, FL 34436
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50062773



08102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POE, GARY A 103 N APOPKA AVE (AT COURTHOUSE SQUIRE) INVERNESS, FL 32650
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIMLAN, JAMES 12480 GLADIOUS PT FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEES, ELIZABETH A 12475 S. CANNA PT. FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COUREDNIK, FRANCES 12422 S. GLADIOLUS PT. FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORMIER, ANN 12111 S. DAFFODIL PT FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, CAROL J 12480 S. FERN PT FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIBLING, ALMA 12323 S. DAFFODIL POINT FLORAL CITY, FL 34436

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Cormier ANN CORMIER 8/18/2005 352-637-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #