


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90017 008 \*\*\*\*61.25

<b>DOCUMENT # N04646</b>							
1. Entity 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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
POE, GARY A 103 N AOPKA AVE (AT COURTHOUSE SQUIRE) INVERNESS, FL 32650			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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		DATE					
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUIMLAN, JAMES		NAME	JEFF JONES			
STREET ADDRESS	12480 GLADIOLUS PT		STREET ADDRESS	12055 S. ASTER POINT			
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	FLORAL CITY, FL 34436			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEES, ELIZABETH A		NAME	John Wasserlein			
STREET ADDRESS	12475 S. CANNA PT.		STREET ADDRESS	12320 S. Brierwood Point			
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	FLORAL CITY, FL 34436			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COUREDNIK, FRANCES		NAME	KAREN Watson			
STREET ADDRESS	12422 S. GLADIOLUS PT.		STREET ADDRESS	12141 S. CANNA Point			
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	FLORAL CITY, FL 34436			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORMIER, ANN		NAME	Ruth Ailes			
STREET ADDRESS	12111 S. DAFFODIL PT		STREET ADDRESS	12230 S. Brierwood Point			
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	FLORAL CITY, FL 34436			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HART, CAROL J		NAME	Charlotte Warroll			
STREET ADDRESS	12480 S. FERN PT		STREET ADDRESS	12229 S. Brierwood Point			
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	FLORAL CITY, FL 34436			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NIBLING, ALMA		NAME				
STREET ADDRESS	12323 S. DAFFODIL POINT		STREET ADDRESS				
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Ruth A. Ailes</i> RUTH A. AILES			2-22-06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				
			Daytime Phone #				