


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90026 033 \*\*\*\*61.25

**DOCUMENT # N04646**  
 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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01282008 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**  
 POE, GARY A  
 103 N APOPKA AVE  
 (AT COURTHOUSE SQUIRE)  
 INVERNESS, FL 32650

4. FEI Number  
**NOT APPLICABLE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, JEFF	
STREET ADDRESS	12055 S ASTER POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	V	<input type="checkbox"/> Delete
NAME	WASSERLEIN, JOHN	
STREET ADDRESS	12820 S BRIERWOOD POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATSON, KAREN	
STREET ADDRESS	12144 S CANNA POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	T	<input type="checkbox"/> Delete
NAME	AILES, RUTH	
STREET ADDRESS	12230 S BRIERWOOD POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORRELL, CHARLOTTE	
STREET ADDRESS	12229 S BRIERWOOD POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIBLING, ALMA	
STREET ADDRESS	12323 S. DAFFODIL POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, TROY	
STREET ADDRESS	12083 S. GLADIOLUS POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOZNIAK, JEFFERY L.	
STREET ADDRESS	12144 S. DAFFODIL POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMARIE CSUKA	
STREET ADDRESS	12456 S. HYACINTH POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AILES, RUTH	
STREET ADDRESS	12230 S. BRIERWOOD POINT	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** Rosemarie Csuka, Treasurer (352) 1-29-2008 344-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #