

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04646

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: OAK FOREST HOMEOWNERS/CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 155  
FLORAL CITY, FL 34436

**New Principal Place of Business:**

OAK FOREST STREET  
FLORAL CITY, FL 34436

**Current Mailing Address:**

P.O. BOX 155  
FLORAL CITY, FL 34436

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POE, GARY A  
103 N APOPKA AVE  
(AT COURTHOUSE SQUIRE)  
INVERNESS, FL 32650 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JONES, JEFF  
Address: 12055 S ASTER POINT  
City-St-Zip: FLORAL CITY, FL 34436

Title: V ( ) Delete  
Name: SIMPSON, TROY  
Address: 12082 S GLADIOLUS PT  
City-St-Zip: FLORAL CITY, FL 34436

Title: S ( ) Delete  
Name: WOZNAK, JEFFERY L  
Address: 12144 S CANNA POINT  
City-St-Zip: FLORAL CITY, FL 34436

Title: T ( ) Delete  
Name: CSUKA, ROSEMARIE  
Address: 12456 S HYACINTH PT  
City-St-Zip: FLORAL CITY, FL 34436

Title: D ( ) Delete  
Name: AILES, RUTH  
Address: 12230 S BRIERWOOD PT  
City-St-Zip: FLORAL CITY, FL 34436

Title: D ( ) Delete  
Name: NIBLING, ALMA  
Address: 12323 S. DAFFODIL POINT  
City-St-Zip: FLORAL CITY, FL 34436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LANE, JUDY  
Address: 12098 S. BRIERWOOD PT.  
City-St-Zip: FLORAL CITY, FL 34436

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE CSUKA

T

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date