

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04646

FILED
Jan 23, 2011
Secretary of State

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

Current Principal Place of Business:

OAK FOREST STREET
FLORAL CITY, FL 34436

New Principal Place of Business:

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:

POE, GARY A
103 N APOPKA AVE
(AT COURTHOUSE SQUIRE)
INVERNESS, FL 34452 US

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

01/23/2011

Date

OFFICERS AND DIRECTORS:

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

Title: V
Name: KANYUCK, CALVIN
Address: 12005 S. BRIERWOOD PT.
City-St-Zip: FLORAL CITY, FL 34436

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

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

Title: D
Name: SAMPSELL, ALLEN
Address: 12230 S BRIERWOOD PT
City-St-Zip: FLORAL CITY, FL 34436

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

I hereby 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 all other like empowered.

SIGNATURE: ROSEMARIE CSUKA

T

01/23/2011

Electronic Signature of Signing Officer or Director

Date