

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04646

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC8664794230**

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

**Current Principal Place of Business:**

OAK FOREST STREET  
FLORAL CITY, FL 34436

**Current Mailing Address:**

P.O. BOX 155  
FLORAL CITY, FL 34436

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title V  
Name WEBBER, PETER  
Address P.O. BOX 155  
City-State-Zip: FLORAL CITY FL 34436

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

Title T  
Name RISING, JEAN  
Address P.O. BOX 155  
City-State-Zip: FLORAL CITY FL 34436

Title D  
Name LANE, STEVE  
Address P.O. BOX 155  
City-State-Zip: FLORAL CITY FL 34436

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

Title DIRECTOR  
Name SAMPSELL, ALLEN  
Address P.O. BOX 155  
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR  
Name CANFIELD, PAULETTA  
Address P.O. BOX 155  
City-State-Zip: FLORAL CITY FL 34436

**Continues on page 2**

*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: JUDY LANE**

**SECRETARY**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            TRIMBLE, WILLIAM  
Address        P.O. BOX 155  
City-State-Zip: FLORAL CITY FL 34436