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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04646 (8)
1. Corporation 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 34436-0155
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3. Date Incorporated or Qualified 08/09/1984	3a. Date of Last Report 04/24/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	REYNOLDS, THOMAS	
STREET ADDRESS	12229 S. BRIERWOOD PT	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	SD	
NAME	IRENE FAULHABER	
STREET ADDRESS	12230 S HYACINTH PL	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	
NAME	LIVIA MORGANTE	
STREET ADDRESS	12205 S CANNA PT	
CITY-ST-ZIP	FLORA CITY FL	
TITLE	TD	
NAME	BARBARA JENNINGS	
STREET ADDRESS	12000 S CANNA PT	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOSCHEL, CECELIA	
STREET ADDRESS	12028 S. BRIERWOOD PT.	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	
NAME	MONTA, ELLIE	
STREET ADDRESS	12085 S. GLADIOLUS POINT	
CITY-ST-ZIP	FLORAL CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	ROBERT HART VP		
1.2 NAME	12480 S. FERN PT		
1.3 STREET ADDRESS	FLORAL CITY FL 34436		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
BARBARA H. JENNINGS

SIGNATURE: *Barbara H. Jennings* **Barbara H. Jennings** Date: **24 March 1997** Daytime Phone #: **352-637-2268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)