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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N04646

(8)

OAK FOREST HOMEOWNERS/CIVIC ASSOCIATION, INC.

Principal	Place	of	Business

Mailing Address

FILED Mar 26 1997 8:00am Secretary of State



0.0 000 466								
P.O. BOX 155 FLORAL CITY F	EL 34436	P.O. BOX 155 Floral City FL 34436-0	155					
					3. Date Incorporated or Qualified 08/09/1984		te of Last 04/24/1	
	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			NOT APPLICABLE			lot Applicabl
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional beguired
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 4	Country 25	Z _I p	Countr	у	8. This corporation has liability for			
4	9. Name and Address of Curren		1301		10. Name and Address of New F			
			81	Name				
POE, GA	VRY A		82	Street A	Address (P.O. Box Number is Not Accept	able)		
	POPKA AVE		83					
	JRTHOUSE SQURE)			'				
INVERNE	ESS FL 32650		84	City		FL	85 Zip	Code
11 Purcuant i	to the provisions of Sections 617 050	2 and 617 1508 Florida Statu	tee the abou	re-named r	cornoration submits this statement for the		changing	its registers
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corp	corporation submits this statement for the poration's board of directors. I hereby acc	ept the app	ointment a	s registered
3	m familiar with, and accept the obliga	ations of, Section 617.0503, F	iorida Statute	1 \$.				
SIGNATURE								
JIONATURE .	Slonature, typical or printed name of registered age	ct and title if applicable (NO	TF: Begistered Ad	ent signature	reculred when reinstating)	DATE		
	Signature typed or printed name of registered age OFFICERS ANI		TE: Registered Ag	ent signature	regulard when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
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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**