

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04646

FILED
Feb 03, 2016
Secretary of State
CC0240984689

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

Current Principal Place of Business:

OAK FOREST STREET
P O BOX 155
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 LANE, STEVE
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 WEBER, FRED
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

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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: JEAN RISING

OFHA TREASURE

02/03/2016

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