

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04646

FILED
Mar 27, 2019
Secretary of State
7896099859CC

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: Yes

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 DORE, ROBERT
Address P.O. BOX 155
City-State-Zip: FLORAL CITY FL 34436

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

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

Title SECRETARY
Name WILLIAMS, AUDREY
Address P.O. BOX 155
City-State-Zip: FLORAL CITY FL 34436

Title TREASURER
Name NARNEY, MARIA
Address P.O. BOX 155
City-State-Zip: FLORAL CITY FL 34436

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

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

Title DIRECTOR
Name KLAR, RUSSELL
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: BECKYSUE ROBINSON

DIRECTOR

03/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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