

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N04646

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

**FILED**  
**Jun 03, 2019**  
**Secretary of State**  
**0650326531CC**

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

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

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

Title SECRETARY  
Name ROBINSON, BECKYSUE  
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

**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: BECKYSUE ROBINSON**

**SECRETARY**

**06/03/2019**

\_\_\_\_\_  
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