

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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
---	---

3. Date Incorporated or Qualified
08/09/1984

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
--	-------------------------------

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**POE, GARY A
103 N APOPKA AVE
(AT COURTHOUSE SQUARE)
INVERNESS FL 32650**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME REYNOLDS, THOMAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12229 S. BRIERWOOD PT	CITY-ST-ZIP FLORAL CITY FL 34436	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE SD	NAME IRENE FAULHABER	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12230 S HYACINTH PL	CITY-ST-ZIP FLORAL CITY FL	2.2 NAME	
		2.3 STREET ADDRESS 12456 S. HYACINTH PT	
		2.4 CITY-ST-ZIP FLORAL CITY FL 34436	
TITLE D	NAME LIVIA MORGANTE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12205 S CANNA PT	CITY-ST-ZIP FLORAL CITY FL	3.2 NAME	
		3.3 STREET ADDRESS 12480 S. FERN PT	
		3.4 CITY-ST-ZIP FLORAL CITY FL 34436	
TITLE TD	NAME BARBARA JENNINGS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12000 S CANNA PT	CITY-ST-ZIP FLORAL CITY FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE VP	NAME HART, ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12480 S. FERN PT	CITY-ST-ZIP FLORAL CITY FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D G	NAME MONTAN, ELLIE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12085 S. GLADIOLUS POINT	CITY-ST-ZIP FLORAL CITY FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE _____

CR2E037 (10/97)