


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90076 009 \*\*\*\*61.25

0002112

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N04646**

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
---	---

457146 - 90076 - 9



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified <b>08/09/1984</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
POE, GARY A 103 N APOPKA AVE (AT COURTHOUSE SQUIRE) INVERNESS FL 32650				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S SCUKA, R <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCUKA, R	1.2 NAME	
STREET ADDRESS	12456 S HYACINTH PT	1.3 STREET ADDRESS	12473 S ASTER PT
CITY-ST-ZIP	FLORAL CITY FL 34436	1.4 CITY-ST-ZIP	FLORAL CITY FL 34436
TITLE	D LIVIA MORGANTE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVIA MORGANTE	2.2 NAME	
STREET ADDRESS	12205 S CANNA PT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORA CITY FL	2.4 CITY-ST-ZIP	
TITLE	TD BARBARA JENNINGS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA JENNINGS	3.2 NAME	
STREET ADDRESS	12000 S CANNA PT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	3.4 CITY-ST-ZIP	
TITLE	D HART, C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, C	4.2 NAME	
STREET ADDRESS	12480 S FERN PT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL 34436	4.4 CITY-ST-ZIP	
TITLE	D MONTAE, ELLIE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTAE, ELLIE	5.2 NAME	
STREET ADDRESS	12085 S. GLADIOLUS POINT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: Barbara Jennings **SIGNATURE REQUIRED** Jennings 27 Apr 1999 352-637-2268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)