


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90031 026 ****61.25

DOCUMENT # N05000008084			
1. Entity Name OAK FOREST HOMEOWNERS' ASSOCIATION OF MASARYKTOWN, INC.			
Principal Place of Business 5412 ELWOOD RD SPRING HILL, FL 34608		Mailing Address 5412 ELWOOD RD SPRING HILL, FL 34608	
2. Principal Place of Business - No P.O. Box # 16384 Mudron St.		3. Mailing Address 16384 Mudron St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MASARYKTOWN, FL.		City & State MASARYKTOWN, FL.	
Zip 34604		Country Hernando	
4. FEI Number 20-3272772		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORCIONE, JOAN 5412 ELWOOD RD SPRING HILL, FL 34608		7. Name and Address of New Registered Agent Name: JOAN CORCIONE (new address) Street Address (P.O. Box Number is Not Acceptable): 16384 MUDRON ST. City: MASARYKTOWN State: FL Zip Code: 34604	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORCIONE, JOAN M 5412 ELWOOD RD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORCIONE, JOAN M 16384 MUDRON ST. MASARYKTOWN, FL. 34604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HUFFMAN, LARRY 8366 WINDRIDGE WAY WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUFFMAN, PHYLLIS A 8366 WINDRIDGE WAY WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.			
SIGNATURE: <u>Joan Corcione</u>		Date: <u>4/12/08</u> 352-797-6158	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	