

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 AM 11:02

DOCUMENT # N10849 (0)

1. Corporation Name
OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 9272, N/A NAPLES FL 33941 US
P.O. BOX 9272, N/A NAPLES FL 33941 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/23/1985** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-2575673** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

**MURPHY, HENRY
1002 OAK FOREST DRIVE
NAPLES FL 33942**

10. Name and Address of New Registered Agent

B1 Name **SAME**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Henry E. Murphy **HENRY E. MURPHY** TREASURER **3/7/95**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	POLK, THRELKELD
STREET ADDRESS	1013 OAK FOREST DRIVE
CITY-ST-ZIP	NAPLES FL
TITLE	VPD
NAME	CARR, CHUCK
STREET ADDRESS	1044 OAK FOREST DR
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	MINES, CATHY
STREET ADDRESS	1028 OAK FOREST DRIVE
CITY-ST-ZIP	NAPLES FL
TITLE	TD
NAME	MURPHY, HENRY
STREET ADDRESS	1002 OAK FOREST DRIVE
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sprenger, Sandi	
1.3 STREET ADDRESS	1035 Oak Forest Dr.	
1.4 CITY-ST-ZIP	Naples, FL 33942	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carr, Chuck	
2.3 STREET ADDRESS	1044 Oak Forest Dr.	
2.4 CITY-ST-ZIP	Naples, FL 33942	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Flanigan, Jane Vetter	
3.3 STREET ADDRESS	1040 Oak Forest Dr.	
3.4 CITY-ST-ZIP	Naples, FL 33942	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Murphy, Henry	
4.3 STREET ADDRESS	1002 Oak Forest Dr.	
4.4 CITY-ST-ZIP	Naples, FL 33942	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Henry E. Murphy **HENRY E. MURPHY** **3/7/95** **813-774-1717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #
TREASURER