

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **08/23/1985** 3a. Date of Last Report **03/13/1995**
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**
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 28 Country 29 Zip 30 Country

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
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 *Henry E. Murphy* **Henry Murphy** **4/18/96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRENGER, SANDI	1.2 NAME	Sandi Sprenger
STREET ADDRESS	1035 OAK FOREST DR.	1.3 STREET ADDRESS	1035 Oak Forest Dr.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, CHUCK	2.2 NAME	Doug Sandner
STREET ADDRESS	1044 OAK FOREST DR	2.3 STREET ADDRESS	1042 Oak Forest Dr.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANIGAN, JANE VETTER	3.2 NAME	Karen Park
STREET ADDRESS	1040 OAK FOREST DR.	3.3 STREET ADDRESS	1044 Oak Forest Dr.
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, HENRY	4.2 NAME	Dell M. Cook
STREET ADDRESS	1002 OAK FOREST DRIVE	4.3 STREET ADDRESS	1024 Oak Forest Dr.
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandi Sprenger* **Sandi Sprenger, Pres.** **4/18/96** **941-594-9499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)