FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

21 P.O. Box 9272

MURPHY, HENRY 1002 OAK FOREST DRIVE NAPLES FL 33942

9. Name and Address o

City & State

22

(0)

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 8272. N/A NAPLES FL 34101-8272 US	
2. Principal Place of Business	2a, Mailing Address	

	28	, Mailing Address				4. FEI NUMBEI			L	Applied For
lA 💮	26						59-2575673			Not Applicable
	27	Sulte, Apt. #, etc.				5.	Certificate of Status Desired			.75 Additional ee Required
	28	City & State				6.	Election Campaign Financing Trust Fund Contribution			i.00 May Be dded to Fees
	29	Zip	30 Co	untry			This corporation has liability for Florida Statutes	Yes	No.	der s. 199.032,
f Curre	nt Regis	stered Agent				10.	Name and Address of New Re	gistered	d Agent	
				81			RY MURPHY			
				82	Street Addres	ss (F	P.O. Box Number is Not Acceptate ORK FOREST	ole) OR/U	IE	
				83						
				84	City				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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE OATE							
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE	PD Trange Addition			
NAME	SPRENGER, SANDI		1.2 NAME				
STREET ADDRESS	1035 OAK FOREST DR.		1,3 STREET ADORESS	1031 OAK FOREST DR. NAPLES FL. 34104.			
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES FL. 34104.			
TITLE	VPD	☐ DELETE	2.1 TITLE	V Change Addition			
NAME	DOUG SANDNER		2.2 NAME	CASO DEAVER FRED DEAVER			
STREET ADORESS	1042 OAK FOREST DR		2.3 STREET ADDRESS	1053 OAK FOREST DR.			
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP	NAPLES FL. 34104			
TITLE	SD	☐ DELETE	3.1 TITLE	Change Addition			
NAME	KAREN PARK		3.2 NAME				
STREET ADDRESS	1044 OAK FOREST DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		3.4. CITY - ST - ZIP				
TITLE	TD	☐ DELETE	4.1 TITLE	Change Addition			
NAME	DELL M. COOK		4.2 NAME				
STREET ADDRESS	1024 OAK FOREST DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	B.V TITLE	☐ Change ☐ Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CHY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 ecoporation or the ecceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or or an attachment with an address.

DELL M. COPK

SIGNATURE:

FILED

Apr 24 1997 8:00am

Secretary of State