FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N10849 (0)											
OAK FOREST VILLAS HOMEOWNERS ASSOCIATION, INC.											
Principal Place of Business Mailing Address								-{	ii .		
P.O. BOX 9272 P.O. BOX 9272. N/A									3. Date Incorporated or Qualified		
NAPLES FL 34101 NAPLES FL 33941 US US									08/23/1985		
									4. FEI Number Applied For	$\overline{}$	
2. Pri	2. Principal Place of Business 2e. Mailing Address							 .	59-2575673 Not Applice 5 Continents of Status Decised S8.75 Additional		
21								6. Certificate of Status Desired Fee Required	']		
_	ite, Apt.	e, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be		
22	City & State				City & State				Trust Fund Contribution Added to Fees		
23	· · · · · · · · · · · · · · · · · · ·				28				7. Is this nonprofit corporation a horseowners association?		
Zif	<u> </u>	Country			Zip Country				8. This corporation owes or has paid the current year Intangible	\neg	
24	25 29				30			Personal Property Tax due June 30. Yes 🛣 No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name										\dashv	
		. HENRY				<u> </u>			(DO Boy Number la Net Accomptable)		
MURPHY, HENRY 1002 OAK FOREST DRIVE						į*	2 Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34104						8	3				
						6	84 City B5 Zip Code				
										red	
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 algnature required when reinstaling) DATE											
12.		Signature, typed	OFFICERS A			TE: Registered /	vgent signatu	re required	ad when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u> </u>	
TITLE		PD			☐ DELETE	1.1 TITL		PD	Change Addi	tion 3	
NAME	111111111111111111111111111111111111111				1.2 NAME		Vic	KI FRASER	3		
STREET	STREET ADDRESS 1031 OAK FOREST DR.				1.3 STREET			1/03	KI FRASER 35 OAK FOREST DR.	١	
CITY-ST	T-ZIP	NAPLES	3 FL		Doubte -	1.4 CITY		NA	APLES +'L SY104		
TITLE		VPD	, coco		☐ DELETE	2.1 TITLE		VP	Change Addi	allon (C	
NAME	DEAVER, FRED 1053 OAK FOREST DR.						2.2 NAME LIL 2.3 STREET ADDRESS 106		ILIND MENDEZ	İ	
	-ST-ZIP NAPLES FL							4 14	ALL OAK POREST DR. APLES FL. 34104	}	
TITLE					DELETE		2. 4 City-St-ZIP 3.1 Title		Change Addi	tion	
NAME		KAREN PARK					3.2 NAME		_ · · _		
STREET	ET ADDRESS 1044 OAK FOREST DR				3.3 STRE	ET ADDRESS	- [
CITY-SI	7-ZIP	NAPLES	S FL			3.4. CITY	-ST-ZIP	1			
TITLE	1	TD			☐ DELETE	4.1 TITLE			☐ Change ☐ Addi	tion	
NAME			. COOK			4. 2 NAN					
	T ADDRESS 1024 OAK FOREST DR ST-ZIP NAPLES FL					4.3 STREET ADDRESS 4.4 City-St-Zip					
CITY-SI	T-ZIP	MAPLES) rl		DELETE			┿	☐ Change ☐ Addi	ition	
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	ADDRESS						c et address				
CITY-SI						5.4 CITY					
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NAME						6.2 NAM		Į			
STREET	ADDRESS					6.3 STRE	ET ADDRESS	{		- {	
CITY-SI							-ST-21P				
14.]	hereby c	erlify that th	e information supplied	with this 1	liling does not qualify	for the exem	ption sta	ted in S	Section 119.07(3)(i), Florida Statutes. I further certify that the informati	on	

Block 12 or Block 13 if changed, or by an attachment with an address.

DELL M. Cook