

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N12201 (2)
1. Corporation Name
OAK FOREST BOULEVARD HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
13750 OAK FOREST BLVD. S. 13750 OAK FOREST BLVD. S.
13745 OAK FOREST BLVD., SOUTH 13745 OAK FOREST BLVD., SOUTH
SEMINOLE FL 34646 SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/21/1985 3a. Date of Last Report 04/26/1994

4. FEI Number 59-2896002 Applied For Not Applicable

5. Certificate of Status Desired \$0.75 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 §. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 19345 U.S. 19 26 19345 U.S. 19

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 SUITE 109 27 SUITE 109

City & State City & State

23 CLEARWATER FL 28 CLEARWATER FL

Zip Country Zip Country

24 34624 25 29 34624 30

9. Name and Address of Current Registered Agent

CASTILLO, MARCUS A.
13745 OAK FOREST BLVD SOUTH
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name MARCUS A. CASTILLO

82 Street Address (P.O. Box Number is Not Acceptable) 19345 US 19

83 SUITE 109

84 City CLEARWATER FL 85 Zip Code 34624

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, RICHARD	1.2 NAME	PATRICK GLINSKY
STREET ADDRESS	13792 OAK FOREST BLVD. S	1.3 STREET ADDRESS	13780 OAK FOREST BLVD S
CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	SEMINOLE FL 34646
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, CELESTE	2.2 NAME	RICHARD LYNCH
STREET ADDRESS	13785 OAK FOREST BLVD S	2.3 STREET ADDRESS	13792 OAK FOREST BLVD S
CITY - ST - ZIP	SEMINOLE FL	2.4 CITY - ST - ZIP	SEMINOLE FL 34646
TITLE	SD	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, RICHARD	3.2 NAME	CELESTE HORN
STREET ADDRESS	13792 OAK FOREST BLVD. S	3.3 STREET ADDRESS	13785 OAK FOREST BLVD S
CITY - ST - ZIP	SEMINOLE FL	3.4 CITY - ST - ZIP	SEMINOLE FL 34646
TITLE	TD	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, CELESTE	4.2 NAME	PATRICK GLINSKY
STREET ADDRESS	13785 OAK FOREST BLVD S	4.3 STREET ADDRESS	13780 OAK FOREST BLVD S
CITY - ST - ZIP	SEMINOLE FL	4.4 CITY - ST - ZIP	SEMINOLE FL 34646
TITLE		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		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 110.07(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: PATRICK X GLINSKY 4/18/95 813-4478845
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Keyhole Mark)
 PATRICK X GLINSKY