2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12201

FILED Jan 03, 2007 Secretary of State

Entity Name: OAK FOREST BOULEVARD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O PAYNE 13937 OAK FOREST BLVD. S. SEMINOLE, FL 33776 US

Current Mailing Address: New Mailing Address:

C/O PAYNE 13937 OAK FOREST BLVD. S. SEMINOLE, FL 33776 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALE, MARTHA

8054 OAK FOREST BLVD. W.
SEMINOLE, FL 33776 US

EXTERKAMP, DAVE
8128 OAK FOREST BLVD. W.
SEMINOLE, FL 33776 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID EXTERKAMP 01/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 GALE, MARTHA MS
 Name:
 EXTERKAMP, DAVID MR

 Address:
 8054 OAK FOREST BLVD. W.
 Address:
 8128 OAK FOREST BLVD. W.

 City-St-Zip:
 SEMINOLE, FL 33776
 SEMINOLE, FL 33776

Title: TRES () Delete Title: () Change () Addition

 Name:
 PAYNE, HEIDI MS
 Name:

 Address:
 13937 OAK FOREST BLVD. S.
 Address:

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 CRAIG, JODEÉ MS
 Name:

 Address:
 13875 OAK FOREST BLVD. S.
 Address:

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 CRAIG, JODEE MS
 Name:

 Address:
 13875 OAK FOREST BLVD. S..
 Address:

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI PAYNE TRES 01/03/2007