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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 19345 US 19 SUITE 109 CLEARWATER FL 34624 US  
Mailing Address: 19345 US 19 SUITE 109 CLEARWATER FL 34624-3108 US

3. Date Incorporated or Qualified: 11/21/1985  
3a. Date of Last Report: 08/14/1996  
4. FEI Number: 59-2896002  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: CASTILLO, MARCUS A, 19345 US 19 SUITE 109 CLEARWATER FL 34624  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: GLINSKY, PATRICK STREET ADDRESS: 13780 OAK FOREST BLVD S CITY-ST-ZIP: SEMINOLE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP: 33776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: LYNCH, RICHARD STREET ADDRESS: 13782 OAK FOREST BLVD S CITY-ST-ZIP: SEMINOLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: ROBERT GLENN 2.3 STREET ADDRESS: 13740 OAK FOREST BLVD N 2.4 CITY-ST-ZIP: SEMINOLE FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BARSHEL, KAREN STREET ADDRESS: 13891 OAK FOREST BLVD CITY-ST-ZIP: SEMINOLE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: TD 3.2 NAME: MARLENE LOGEMANN 3.3 STREET ADDRESS: 13814 OAK FOREST BLVD S. 3.4 CITY-ST-ZIP: SEMINOLE FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GLINSKY, PATRICK STREET ADDRESS: 13780 OAK FOREST BLVD S CITY-ST-ZIP: SEMINOLE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: SD 4.2 NAME: LISA HALL 4.3 STREET ADDRESS: 13765 OAK FOREST BLVD S. 4.4 CITY-ST-ZIP: SEMINOLE FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Marlene Logemann* (813) April 22, 1997 391-6355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077663

CR2E037 (9/96)