

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
Division of Corporations/CHARTERS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:07

DOCUMENT # **N47690 (5)**  
OAK CREST ESTATES HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 10275 SW 27TH AVE, Ocala FL 32674  
Mailing Address: P O BOX 770296, Ocala FL 34477-0296, US

3. Date Incorporated or Qualified: 03/04/1992  
3a. Date of Last Report: 07/29/1994  
4. FEI Number: 59-3104822  
5. Certificate of Status Desired:  \$8.75 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 S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, 29 Country, 30 Country

9. Name and Address of Current Registered Agent: RIZZO, MICHAEL A., 10275 SW 27TH AVE, Ocala FL 32674

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P O Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 13)	
TITLE: P D	NAME: RIZZO, MICHAEL A. STREET ADDRESS: 10275 SW 27 AVE. CITY, ST, ZIP: Ocala FL	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: RIZZO, JOAN M. STREET ADDRESS: 10275 SW 27 AVE. CITY, ST, ZIP: Ocala FL	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: RIZZO, VICTOR D. STREET ADDRESS: 10694 SW 87TH AVE. CITY, ST, ZIP: Ocala FL	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	71 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

REMITTED BY MAY 1

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)(a), 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 appointed 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-95