

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N48358 (8)**

1. Corporation Name  
**OAK FOREST ESTATES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business: **5540 W ROCHELLE STR HOMOSASSA FL 34446 US**  
Mailing Address: **5540 W ROCHELLE STR HOMOSASSA FL 34446 US**

3. Date Incorporated or Qualified: **04/14/1992**  
3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **59-3162152**  
Applied For:  Not Applicable

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

9. Name and Address of Current Registered Agent  
**NASH, MARY K  
5540 W ROCHELLE STR  
HOMOSASSA FL 34446**

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 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: *Mary K. Nash - President* DATE: *February 6, 1996*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HILL, BESSIE</b>
STREET ADDRESS	<b>5539 W STATE ST</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>HILL, BESSIE</b>
STREET ADDRESS	<b>5539 W STATE ST</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>RICH, KRISTA</b>
STREET ADDRESS	<b>5561 W STATE ST</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RICH, THURMAN</b>
STREET ADDRESS	<b>5539 W STATE ST</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEINLE, DELL</b>
STREET ADDRESS	<b>5464 W ROCHELLE ST</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STANLEY, NANCY</b>
STREET ADDRESS	<b>5150 W STATE ST. P. O. BOX 793</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Diane Kirk</b>
1.3 STREET ADDRESS	<b>5452 W. State St.</b>
1.4 CITY - ST - ZIP	<b>Homosassa, FL 34446</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Roger VanDyne</b>
2.3 STREET ADDRESS	<b>4690 So. Quiet Terrace</b>
2.4 CITY - ST - ZIP	<b>Homosassa, FL 34446</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> DELETE
3.2 NAME	<b>Steve Dixon</b>
3.3 STREET ADDRESS	<b>5253 W. Rochelle St.</b>
3.4 CITY - ST - ZIP	<b>Homosassa, FL 34446</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> DELETE
4.2 NAME	<b>Donald Lester</b>
4.3 STREET ADDRESS	<b>5191 West State St.</b>
4.4 CITY - ST - ZIP	<b>Homosassa, FL 34446</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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: *Mary K. Nash President* DATE: *2/6/96* PHONE: *(352) 628-1464*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)