

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48358 (8)**

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



Principal Place of Business <del>5540 W ROCHELLE STR HOMOSASSA FL 34446 US</del>	Mailing Address <del>5540 W ROCHELLE STR HOMOSASSA FL 34446-1560 US</del>
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2. Principal Place of Business 21 <b>5561 W. STATE ST.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 3743</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/14/1992</b>	3a. Date of Last Report <b>02/09/1996</b>
22 City & State 23 <b>HOMOSASSA, FL.</b>		27 City & State 28 <b>HOMOSASSA ST/65, FL.</b>		4. FEI Number <b>59-3162152</b>	Applied For Not Applicable
24 <b>34446</b>	25 <b>FL</b>	29 <b>34447</b>	30 <b>FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>HOMOSASSA, FL.</b>		28 <b>HOMOSASSA ST/65, FL.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>34446</b>	25 <b>FL</b>	29 <b>34447</b>	30 <b>FL</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <del>NASH, MARY K 5540 W. ROCHELLE STR HOMOSASSA FL 34446</del>				10. Name and Address of New Registered Agent			
				81 Name <b>THURMAN RICH</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>5561 W. STATE ST.</b>			
				83			
				84 City <b>HOMOSASSA</b>	85 State <b>FL</b>	86 Zip Code <b>34446</b>	

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 *Thurman Rich* (NOTE: Registered Agent signature required when reinstating) DATE **4-3-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>KIRK, DIANE</b>			1.2 NAME	<b>THURMAN RICH</b>		
STREET ADDRESS	<b>5452 W. STATE STREET</b>			1.3 STREET ADDRESS	<b>5561 W. STATE ST.</b>		
CITY-ST-ZIP	<b>HOMOSASSA FL</b>			1.4 CITY-ST-ZIP	<b>HOMOSASSA, FL 34446</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>VANDYNE, ROGER</b>			2.2 NAME	<b>MICHAEL FLANDERS</b>		
STREET ADDRESS	<b>4690 SOUTH QUITE TERRACE</b>			2.3 STREET ADDRESS	<b>5165 W. STATE ST.</b>		
CITY-ST-ZIP	<b>HOMOSASSA FL</b>			2.4 CITY-ST-ZIP	<b>HOMOSASSA, FL 34446</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DIXON, STEVE</b>			3.2 NAME	<b>KRISTI RICH</b>		
STREET ADDRESS	<b>5253 W. ROCHELLE STREET</b>			3.3 STREET ADDRESS	<b>5561 W. STATE ST.</b>		
CITY-ST-ZIP	<b>HOMOSASSA FL</b>			3.4 CITY-ST-ZIP	<b>HOMOSASSA, FL 34446</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LESTER, DONALD</b>			4.2 NAME	<b>AGNES HALTENSTEIN</b>		
STREET ADDRESS	<b>5191 WEST STATE STREET</b>			4.3 STREET ADDRESS	<b>5045 W. STATE ST.</b>		
CITY-ST-ZIP	<b>HOMOSASSA FL</b>			4.4 CITY-ST-ZIP	<b>HOMOSASSA, FL 34446</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEINLE, DELL</b>			5.2 NAME			
STREET ADDRESS	<b>5484 W ROCHELLE ST</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HOMOSASSA FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STANLEY, NANCY</b>			6.2 NAME			
STREET ADDRESS	<b>5150 W STATE ST. P. O. BOX 793</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HOMOSASSA FL</b>			6.4 CITY-ST-ZIP			

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 *Thurman Rich* DATE **4-3-97**

CR2E037 (9/96)