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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 5561 W STATE ST HOMOSASSA FL 34446 US	Mailing Address PO BOX 3743 HOMOSASSA FL 34447 US
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3. Date Incorporated or Qualified 04/14/1992	Applied For Not Applicable
4. FEI Number 59-3162152	

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RICH, THURMAN
 5561 W STATE ST
 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

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

TITLE	D T	<input type="checkbox"/> DELETE
NAME	KIRK, DIANE	
STREET ADDRESS	5452 W. STATE STREET	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RICH, THURMAN	
STREET ADDRESS	5561 W STATE ST	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLANDERS, MICHAEL	
STREET ADDRESS	5185 W STATE ST	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICH, KRISTI	
STREET ADDRESS	5561 W STATE ST	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D V	<input type="checkbox"/> DELETE
NAME	HEINLE, DELL	
STREET ADDRESS	5484 W ROCHELLE ST	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STANLEY, NANCY	
STREET ADDRESS	5150 W STATE ST. P. O. BOX 793	
CITY-ST-ZIP	HOMOSASSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AGNES HARTENSTEIN	
1.3 STREET ADDRESS	5095 W. STATE ST.	
1.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

CFR2037 (10/97)