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Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48358

1. Corporation Name

OAK FOREST ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~5561 W STATE ST~~
HOMOSASSA FL 34446
US

5550 W. State st.
PO BOX 3743
HOMOSASSA FL 34447
US



2. Principal Place of Business

2a. Mailing Address

21 Rich, Thurman

26 P.O. Box 3743

3. Date Incorporated or Qualified

04/14/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3162152

Applied For

Not Applicable

22 5550 W. State st

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Homosassa Fl

28 Homosassa Fl

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 34446

25 Citrus

29 34447

30 Citrus

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICH THURMAN
~~5561 W STATE ST~~
HOMOSASSA FL 34446

5550 W. State st

81 Name Rich, Thurman

82 Street Address (P.O. Box Number is Not Acceptable)

5550 W. State St

83

84 City Homosassa

FL

85 Zip Code 34446

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 - President

4-27-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME HARTENSTEIN, AGNES
STREET ADDRESS 5095 W STATE ST
CITY-ST-ZIP HOMOSASSA FL 34446

1.1 TITLE Change Addition
1.2 NAME D, T Jerry Jones D, T
1.3 STREET ADDRESS 5362 W Rochelle St
1.4 CITY-ST-ZIP Homosassa Fl - 34446

TITLE P DELETE
NAME RICH, THURMAN
STREET ADDRESS ~~5561 W STATE ST~~ 5550 W. State St.
CITY-ST-ZIP HOMOSASSA FL

2.1 TITLE D Change Addition
2.2 NAME Nancy staples D
2.3 STREET ADDRESS 5565 W Rochelle St
2.4 CITY-ST-ZIP Homosassa Fl 34446

TITLE D DELETE
NAME FLANDERS, MICHAEL
STREET ADDRESS 5165 W STATE ST
CITY-ST-ZIP HOMOSASSA FL

3.1 TITLE D Change Addition
3.2 NAME Kristine Evans
3.3 STREET ADDRESS 5239 W State St
3.4 CITY-ST-ZIP Homosassa Fl 34446

TITLE D DELETE
NAME RICH, KRISTI
STREET ADDRESS 5561 W STATE ST
CITY-ST-ZIP HOMOSASSA FL

4.1 TITLE D Change Addition
4.2 NAME Ronald Fenner
4.3 STREET ADDRESS 5327 W Rochelle St
4.4 CITY-ST-ZIP Homosassa Fl 34446

TITLE V DELETE
NAME HEINLE, DELL
STREET ADDRESS 5464 W ROCHELLE ST
CITY-ST-ZIP HOMOSASSA FL

5.1 TITLE D Change Addition
5.2 NAME Diane Kirk
5.3 STREET ADDRESS 3452 W State St
5.4 CITY-ST-ZIP Homosassa Fl 34446

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D Change Addition
6.2 NAME Roger Van Dyne D
6.3 STREET ADDRESS 4690 So. Quiet Terr.
6.4 CITY-ST-ZIP Homosassa Fl 34446

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

621-0541
352-621-3334

CR2E037 (1/98)

3 con't

(7) S.

Gina Jones

5362 W. Rochelle ST.

HOMOSASSA, FL 34446

Addition

535428-90192-46

N48358