

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34288

FILED  
Mar 21, 2005  
Secretary of State

**Entity Name:** OAK FOREST UNIT EIGHT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. STATE RD. 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. STATE RD. 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-2984818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 WEST SR 434  
SUITE 500  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STREVER, TI M  
Address: 1136 TROTWOOD BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD ( ) Delete  
Name: ZEIHNER, TED  
Address: 1107 TROTWOOD BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD ( ) Delete  
Name: BURK, RON  
Address: 1138 TROTWOOD BLVD.  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: MATTA, MAHA  
Address: 1114 SEAFARER LN  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: CARLSON, MARK  
Address: 1410 DENNIS PL  
City-St-Zip: DES PLAINES, IL 60018

Title: D (X) Delete  
Name: FRILOUX, RANDY  
Address: 1124 O'DAY DR  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM STREVER

PD

03/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date