

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90066 007 ****61.25

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1. Entity Name

OAK FOREST OF TAMPA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 290993
 TEMPLE TERRACE FL 33687-0993

Mailing Address

P.O. BOX 290993
 TEMPLE TERRACE FL 33687-0993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

65-0411157

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SELIGMAN, MATTHEW R
 7410 BECKY THATCHER LANE
 TAMPA FL 33637~~ **DELETE**

Name James Reed
 Street Address (P.O. Box Number is Not Acceptable)
8305 Levee Lane
 City Tampa FL Zip Code 33637

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James P Reed

2-17-03

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD SELIGMAN, MATTHEW R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7410 BECKY THATCHER LANE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE NAME	STD STEPHENS, HAZEL S	<input type="checkbox"/> Delete
STREET ADDRESS	7511 SAVANNAH LANE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE NAME	D MCWILLIAMS, ANTHONY -	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7404 BECK THATCHER LANE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE NAME	PD REED, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	8305 LEVEE LANE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE NAME	D BLAKE, CYNTHIA	<input type="checkbox"/> Delete
STREET ADDRESS	7519 SAVANNAH LANE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Israel Berrios, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7424 Becky Thatcher Lane	
CITY-ST-ZIP	Tampa, FL 33637	
TITLE NAME	Roberta Mangus, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8305 Levee Lane	
CITY-ST-ZIP	Tampa FL 33637	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE: James P Reed

2-17-03 813-899-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #