FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # N34288 (3)

1. Corporate Name

OAK FOREST UNIT EIGHT HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD FL 32779

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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite Apt. #
22

Suite Apt. #
27

City & State
23

City & State
28

24 25 29 30

ACCEPTED AND FILED

95 MAY -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2984818 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Fees for Compliance Reports and Copies — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)3 Tax Exempt Status — $68.75 Supplemental Fee Not Required

8. Has corporation been liable for intangible tax under F.S. 199.032, Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

HART JR., JAMES W.
2180 W. STATE RD. 434, STE. 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is duly authorized to do business in Florida and the officer or director listed below is familiar with and accepts the appointment as registered agent. I am familiar with and accept the duties of registered agent under Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. Officers and Directors

Title	~~PD~~ -
Name	~~DYE, RICHARD A.~~ -
Street Address	~~801 DOUGLAS AVE.~~ - -
City, State, Zip	~~ALTAMONTE SPGS. FL~~
Title	~~VD~~ -
Name	~~DYE, ALLEN T.~~ -
Street Address	~~801 DOUGLAS AVE.~~ -
City, State, Zip	~~ALTAMONTE SPGS. FL~~ - - -
Title	~~STD~~
Name	~~SMALL, PETER~~ - - - - -
Street Address	~~801 DOUGLAS AVE~~ - - - -
City, State, Zip	~~ALTAMONTE SPRINGS FL~~ -

13. Additions and Changes

Title	PD	[X] Change [ ] Addition
Name	KATKER, JOHN	
Street Address	1127 O'DAY COURT	
City, State, Zip	WINTER SPRINGS FL 32708	
Title	VD	[X] Change [ ] Addition
Name	PLAMP, SUSAN	
Street Address	1111 O'DAY DRIVE	
City, State, Zip	WINTER SPRINGS FL 32708	
Title	~~STD~~	[X] Change [ ] Addition
Name	~~ROBERTA~~	
Street Address	~~[illegible]~~	
City, State, Zip	~~[illegible]~~	
Title	STD	[ ] Change [ ] Addition
Name	STONE, ROBERTA	
Street Address	1104 SEAFARER LANE	
City, State, Zip	WINTER SPRINGS FL 32708	
Title		[ ] Change [ ] Addition
Name		
Street Address		
City, State, Zip		
Title		[ ] Change [ ] Addition
Name		
Street Address		
City, State, Zip		

14. I hereby 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 a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on attached schedules with an asterisk.

SIGNATURE: Roberta Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERTA STONE

0003420