2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# N34288

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: ZEIHER, 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