

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34288

Entity Name: OAK FOREST UNIT EIGHT HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 07, 2020
Secretary of State
0130956845CC**Current Principal Place of Business:**1143 ODAY DRIVE
WINTER SPRINGS, FL 32708**Current Mailing Address:**253 PLAZA DRIVE
SUITE D
OVIDO, FL 32765 US**FEI Number:** 59-2984818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMERICAN HOME TEAM REALTY, LLC
253 PLAZA DRIVE
SUITE D
OVIDO, FL 32765 US*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**Officer/Director Detail :**

Title	SECRETARY, DIRECTOR
Name	STREMBICKI, DIANA
Address	253 PLAZA DRIVE SUITE D
City-State-Zip:	OVIDO FL 32765

Title	PRES.
Name	BLAKLEY, BRYAN
Address	253 PLAZA DRIVE SUITE D
City-State-Zip:	OVIDO FL 32765

Title	CAM MANAGER
Name	BARR, ELLEN
Address	253 PLAZA DRIVE SUITE D
City-State-Zip:	OVIDO FL 32765

Title	VP
Name	MAKEPEACE, DUSTIN
Address	253 PLAZA DRIVE SUITE D
City-State-Zip:	OVIDO FL 32765

Title	BOARD OF DIRECTOR
Name	WIEDENHOFER, CRAIG
Address	253 PLAZA DRIVE SUITE D
City-State-Zip:	OVIDO FL 32765

Title	TRESURER
Name	COX, JESSICA M
Address	253 PLAZA DRIVE SUITE D
City-State-Zip:	OVIDO FL 32765

I hereby 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 all other like empowered.

SIGNATURE: ELLEN BARR

CAM

04/07/2020

Electronic Signature of Signing Officer/Director Detail_____
Date