

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34288

**Entity Name:** OAK FOREST UNIT EIGHT HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC3898860819****Current Principal Place of Business:**890 NORTHERN WAY  
SUITE F2  
WINTER SPRINGS, FL 32708**Current Mailing Address:**890 NORTHERN WAY  
SUITE F2  
WINTER SPRINGS, FL 32708 US**FEI Number:** 59-2984818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GONGAGE, LIDYA  
KUMBA REALTY  
890 NORTHERN WAY, SUITE F2  
WINTER SPRINGS, FL 32708 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:** LIDYA GONGAGE

01/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           MUGLACH-BLANTON, TINA  
Address        890 NORTHERN WAY, SUITE F2  
City-State-Zip: WINTER SPRINGS FL 32708

Title           SECRETARY, DIRECTOR  
Name           STREMBICKI, DIANA  
Address        890 NORTHERN WAY, SUITE F2  
City-State-Zip: WINTER SPRINGS FL 32708

Title           PRESIDENT, DIRECTOR  
Name           HAUK, CHRISTINE  
Address        890 NORTHERN WAY, SUITE F2  
City-State-Zip: WINTER SPRINGS FL 32708

Title           VP, DIRECTOR  
Name           CAVANAUGH, DAVID  
Address        890 NORTHERN WAY, SUITE F2  
City-State-Zip: WINTER SPRINGS FL 32708

Title           DIRECTOR  
Name           FRIZZELL, BARBARA  
Address        890 NORTHERN WAY, SUITE F2  
City-State-Zip: WINTER SPRINGS FL 32708

Title           CAM MANAGER  
Name           GONGAGE, LIDYA  
Address        890 NORTHERN WAY  
SUITE F2  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** GONGAGE, LIDYA

CAM MGR

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date