

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744369

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE OAK FOREST & WILDWOOD OF COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2801 QUAIL HOLLOW ROAD
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

PO BOX 16004
CLEARWATER, FL 33766 US

New Mailing Address:

FEI Number: 59-1927371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNNE, JAMES M
2801 QUAIL HOLLOW ROAD
CLEARWATER, FL 33761 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: DUNNE, JAMES M
Address: 2801 QUAIL HOLLOW ROAD
City-St-Zip: CLEARWATER, FL 33761

Title: T () Delete
Name: GUTHMULLER, HELENE
Address: 2767 LONGVIEW DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: VD () Delete
Name: GANT, NELDA
Address: 2766 QUAIL HOLLOW RD
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: LOWE, JOYCE
Address: 2878 QUAIL HOLLOW RD
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: BARRETT, ROBERT R
Address: 2781 ROCKLEDGE LANE
City-St-Zip: CLEARWATER, FL 33761

Title: MSD () Delete
Name: VALBUENA, SUE
Address: 2778 WILDWOOD DR
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WITCHER, LISA
Address: 2815 QUAIL HOLLOW RD
City-St-Zip: CLEARWATER, FL 33761

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 Chapter 119, 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: LISA WITCHER

T

04/28/2006

Electronic Signature of Signing Officer or Director

Date