

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90071 050 ****61.25

DOCUMENT # N02795

1. Entity Name
**OAK FOREST HOMEOWNERS ASSOCIATION, INC. OF
WINTER SPRINGS**



Principal Place of Business
**PO BOX 195283
WINTER SPRINGS, FL 32708-5283 US**

Mailing Address
**P.O. BOX 195283
WINTER SPRINGS, FL 32719-5283 US**

40024525



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2927130

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TACKABERRY, MICHAEL
634 CHEOY LEE CIRCLE
WINTER SPRINGS, FL 32708**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MOGHADAS, MEHRAN**
STREET ADDRESS **698 VENTURE COURT**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **V** ☐ Delete
NAME **TELLEZ, CARL**
STREET ADDRESS **1165 TROTWOOD BLVD**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☐ Delete
NAME **TACKABERRY, SHARON**
STREET ADDRESS **634 CHEOY LEE CIR**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **T** ☐ Delete
NAME **TACKABERRY, MICHAEL**
STREET ADDRESS **634 CHEOY LEE CIR**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☒ Delete
NAME **RICKARDS, JOHN**
STREET ADDRESS **719 S ENDEAVOUR DR**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☐ Delete
NAME **MCCONNELL, SUSAN**
STREET ADDRESS **1047 WINTER SPRINGS BLVD**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Tackaberry* **Michael Tackaberry 2/18/07**
407-696-9093