2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90027 049 ****61.25

DOCUMENT # N04646

1. Entity Name

OAK FOREST HOMEOWNERS/CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 155 FLORAL CITY FL 34436	P.O. BOX 155 FLORAL CITY FL 34436

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POE, GARY A
103 N APOPKA AVE
(AT COURTHOUSE SQURE)
INVERNESS FL 32650

7. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD QUIMLAN, JAMES 12480 GLADIOUS PT FLORAL CITY FL 34436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P QUINLAN, JAMES 12480 S. GLADIOLUS PT FLORAL CITY, FL 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEES, ELIZABETH A 12475 S. CANNA PT. FLORAL CITY FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEMARIE CSUKA 12456 S. HIACINTH PT. FLORAL CITY, FL 34436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRADLEY, CHARLES 12028 S. FERN PT. FLORAL CITY FL 34436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FRANCES DUREDNIK 12422 S. GLADIOLUS PT. FLORAL CITY, FL 34436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAULBEE, KATIE 12291 S. HYANCINTH POINT FLORAL CITY FL 34436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANN CORMIER 12111 S. DAFFODIL PT FLORAL CITY, FL 34436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, CAROL J 12480 S. FERN PT FLORAL CITY FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAY C. O'BRIEN 12230 S. ASTER PT FLORAL CITY, FL 34436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIBLING, ALMA 12323 S. DAFFODIL POINT FLORAL CITY FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENNY CANFIELD 12232 S. GLADIOLUS PT FLORAL CITY, FL 34436	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 _____ ELIZABETH A. SEES 01-27-04 352-341-0906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #