2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State
08-22-2005 90063 019 ****61.25

DOCUMENT # N04646

1. Entity Name
OAK FOREST HOMEOWNERS/CIVIC ASSOCIATION, INC.

50062773

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

08102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT 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

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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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUIMLAN, JAMES
STREET ADDRESS	12480 GLADIOUS PT
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	D
NAME	SEES, ELIZABETH A
STREET ADDRESS	12475 S. CANNA PT.
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	V
NAME	COUREDNIK, FRANCES
STREET ADDRESS	12422 S. GLADIOLUS PT.
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	S
NAME	CORMIER, ANN
STREET ADDRESS	12111 S. DAFFODIL PT
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	D
NAME	HART, CAROL J
STREET ADDRESS	12480 S. FERN PT
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	D
NAME	NIBLING, ALMA
STREET ADDRESS	12323 S. DAFFODIL POINT
CITY-ST-ZIP	FLORAL CITY, FL 34436

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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: Ann Cormier ANN CORMIER 8/18/2005 352-637-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #