

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 008 ****61.25

DOCUMENT # N04646 1. Entity Name OAK FOREST HOMEOWNERS/CIVIC ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 155 FLORAL CITY, FL 34436			Mailing Address P.O. BOX 155 FLORAL CITY, FL 34436		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 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 SQUIRE) 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 _____ 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, 2006		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	P QUIMLAN, JAMES 12480 GLADIOUS PT FLORAL CITY, FL 34436	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFF JONES 12055 S. ASTER POINT 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	V John WASSERLEIN 12320 S. Brierwood Point FLORAL City, FL 34463	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COUREDNIK, FRANCES 12422 S. GLADIOLUS PT. FLORAL CITY, FL 34436	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAREN Watson 12141 S. CANNA Point FLORAL City, FL 34436	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORMIER, ANN 12111 S. DAFFODIL PT FLORAL CITY, FL 34436	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ruth Ailes 12230 S. Brierwood Point 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 Charlotte Warrall 12229 S. Brierwood Point 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	☐ Change ☐ Addition	
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: <u>Ruth A. Ailes</u> <u>RUTH A. AILES</u>				2-22-06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					