2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90026 033 ****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

01282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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, 2008

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 JONES, JEFF 12055 S ASTER POINT FLORAL CITY, FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WASSERLEIN, JOHN 12820 S BRIERWOOD POINT FLORAL CITY, FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SIMPSON, TROY 12082 S. GLADIOLUS POINT FLORAL City, FL 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WATSON, KAREN 12144 S CANNA POINT FLORAL CITY, FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOZNIAK, JEFFERYL 12144 S. DAFFODIL POINT FLORAL City, FL 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AILES, RUTH 12230 S BRIERWOOD POINT FLORAL CITY, FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSEMARIE CSUKA 12456 S. HYACINTH POINT FLORAL City, FL 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORRELL, CHARLOTTE 12229 S BRIERWOOD POINT FLORAL CITY, FL 34436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AILES, RUTH 12230 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: Rosemarie Csuka, Treasurer 1-29-2008 (352) 344-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #