2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N04646

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

Current Principal Place of Business:

P.O. BOX 155
FLORAL CITY, FL 34436

New Principal Place of Business:

OAK FOREST STREET
FLORAL CITY, FL 34436

Current Mailing Address:

P.O. BOX 155
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	JONES, JEFF	
Address:	12055 S ASTER POINT	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	V	( ) Delete
Name:	SIMPSON, TROY	
Address:	12082 S GLADIOLUS PT	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	S	( ) Delete
Name:	WOZNIAK, JEFFERY L	
Address:	12144 S CANNA POINT	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	T	( ) Delete
Name:	CSUKA, ROSEMARIE	
Address:	12456 S HYACINTH PT	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	D	( ) Delete
Name:	AILES, RUTH	
Address:	12230 S BRIERWOOD PT	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	D	( ) Delete
Name:	NIBLING, ALMA	
Address:	12323 S. DAFFODIL POINT	
City-St-Zip:	FLORAL CITY, FL 34436	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	LANE, JUDY	
Address:	12098 S. BRIERWOOD PT.	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE CSUKA T 02/17/2009
Electronic Signature of Signing Officer or Director — Date