

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90288 025 ****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

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

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

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	☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, CHARLES 12028 S. FERN PT. FLORAL CITY FL 34436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRADLEY, CHARLES 12028 S. FERN 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CHRIS 1200 R S GLADIOUS PT FLORAL CITY FL 34436 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CAROL J. HART 12480 S. FERN 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	☐ 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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-03 (352) 341-0906

CR2E037 (10/02)