

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90005 008 ****70.00

DOCUMENT # N05000008084					
1. Entity Name OAK FOREST HOMEOWNERS' ASSOCIATION OF MASARYKTOWN, INC.					
Principal Place of Business 2522 BORDEAUX WAY LUTZ, FL 33559			Mailing Address 2522 BORDEAUX WAY LUTZ, FL 33559		
2. Principal Place of Business 5412 Elwood Rd. Suite, Apt. #, etc. SPRING Hill City & State FL Zip 34608		3. Mailing Address 5412 Elwood Rd. Suite, Apt. #, etc. SPRING Hill City & State FL Zip 34608			
Country USA, HERNANDO		Country USA, HERNANDO		02172006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-3272772				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELF, LAWRENCE A 2522 BORDEAUX WAY LUTZ, FL 33559					
7. Name and Address of New Registered Agent Name: JOAN CORCIONE Street Address (P.O. Box Number is Not Acceptable): 5412 Elwood Rd. (HERNANDO County) City: SPRING Hill FL Zip Code: 34608					
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: <u>Joan Corcione</u> <u>JOAN CORCIONE</u> <u>2/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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: D NAME: SELF, LAWRENCE A STREET ADDRESS: 2522 BORDEAUX WAY CITY-ST-ZIP: LUTZ, FL 33559	<input checked="" type="checkbox"/> Delete		TITLE: D, P NAME: JOAN M. CORCIONE STREET ADDRESS: 5412 Elwood Rd. CITY-ST-ZIP: SPRING Hill, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: SELF, CONNIE P STREET ADDRESS: 2522 BORDEAUX WAY CITY-ST-ZIP: LUTZ, FL 33559	<input checked="" type="checkbox"/> Delete		TITLE: D, VP NAME: LARRY HUFFMAN STREET ADDRESS: 8366 Windridge Way, CITY-ST-ZIP: WEEKI WACHEE, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: SELF, SCOTT R STREET ADDRESS: 2522 BORDEAUX WAY CITY-ST-ZIP: LUTZ, FL 33559	<input checked="" type="checkbox"/> Delete		TITLE: D, T NAME: Phyllis A. Huffman STREET ADDRESS: 8366 Windridge Way, CITY-ST-ZIP: WEEKI WACHEE, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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>Joan Corcione</u> <u>2/21/06</u> <u>352-666-4012</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					