

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16356

(0)

1. Corporation Name

FOREST OAKS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8101 FOREST OAKS BV
SPRING HILL FL 34606

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SPRING HILL FL 34606

3. Date Incorporated or Qualified

08/14/1986

4. FEI Number

59-2713515

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIEBAU, LAURENCE W
10089 CORTEZ BLVD
SPRING HILL FL 34613

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MACKEY, DOROTHY
STREET ADDRESS 9195 HORIZON DR.
CITY-ST-ZIP SPRING HILL FL

TITLE VP
NAME MACK, DOTTIE
STREET ADDRESS 2071 MEREDITH DR
CITY-ST-ZIP SPRING HILL FL

TITLE S
NAME SPERONE, ANNE
STREET ADDRESS 3399 POINSETTIA DR
CITY-ST-ZIP HERNANDO BCH FL

TITLE D
NAME COLLIER, ANN
STREET ADDRESS 8170 SPANISH OAKS DR
CITY-ST-ZIP SPRING HILL FL

TITLE D
NAME MACKIN, BILL
STREET ADDRESS 8088 PAGODA DR
CITY-ST-ZIP SPRING HILL FL

TITLE D
NAME PATENTE, VIOLET
STREET ADDRESS 8365 CAMPHOR DR.
CITY-ST-ZIP SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE KATHERINE KANA
1.2 NAME
1.3 STREET ADDRESS 6120 PIEDMONT DR.
1.4 CITY-ST-ZIP SPRING HILL - FL 34606

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S. THERESA STEWART
3.2 NAME
3.3 STREET ADDRESS 8099 WOODEN DR.
3.4 CITY-ST-ZIP SPRING HILL - FL 34606

4.1 TITLE D. JAMES MUNDY
4.2 NAME
4.3 STREET ADDRESS 8065 PAGODA DR.
4.4 CITY-ST-ZIP SPRING HILL - FL 34606

5.1 TITLE D. RONALD KANA
5.2 NAME
5.3 STREET ADDRESS 6120 PIEDMONT DR.
5.4 CITY-ST-ZIP SPRING HILL FLA 34606

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 15 1998 8:00am
Secretary of State



CR2E037 (5/98)