

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Division of Corporations/CHARTERS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:07

DOCUMENT # **N47690** (5)

OAK CREST ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 10275 SW 27TH AVE
OCALA FL 32674

Mailing Address: P O BOX 770296
OCALA FL 34477-0296
US

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/04/1992 | 3a. Date of Last Report 07/29/1994 |
| 4. FEI Number 59-3104822 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | | | |
|--|--|--|---|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| RIZZO, MICHAEL A. 10275 SW 27TH AVE OCALA FL 32674 | | B1 | Name |
| | | B2 | Street Address (P O Box Number is Not Acceptable) |
| | | B3 | |
| | | B4 | City |
| | | FL | B5 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1) | |
|----------------------------|--------------------|--|---|
| TITLE | P D | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIZZO, MICHAEL A. | 12 NAME | |
| STREET ADDRESS | 10275 SW 27 AVE. | 13 STREET ADDRESS | |
| CITY, ST, ZIP | OCALA FL | 14 CITY, ST, ZIP | |
| TITLE | D | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIZZO, JOAN M. | 22 NAME | |
| STREET ADDRESS | 10275 SW 27 AVE. | 23 STREET ADDRESS | |
| CITY, ST, ZIP | OCALA FL | 24 CITY, ST, ZIP | |
| TITLE | D | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIZZO, VICTOR D. | 32 NAME | |
| STREET ADDRESS | 10694 SW 87TH AVE. | 33 STREET ADDRESS | |
| CITY, ST, ZIP | OCALA FL | 34 CITY, ST, ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY, ST, ZIP | | 44 CITY, ST, ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | | 54 CITY, ST, ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY, ST, ZIP | | 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 appointed 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1

11-25-95
Date