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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N48358 (8)

1. Corporation Name

OAK FOREST ESTATES PROPERTY OWNERS ASSOCIATION,  
INC.



Principal Place of Business

Mailing Address

5540 W ROCHELLE STR  
HOMOSASSA FL 34446  
US

5540 W ROCHELLE STR  
HOMOSASSA FL 34446  
US

3. Date Incorporated or Qualified  
04/14/1992

3a. Date of Last Report  
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3162152

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASH, MARY K  
5540 W ROCHELLE STR  
HOMOSASSA FL 34446

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

Mary K. Nash - President

February 6, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

S  
NAME HILL, BESSIE  
STREET ADDRESS 5539 W STATE ST  
CITY - ST - ZIP HOMOSASSA FL

TITLE ☐ DELETE

T  
NAME HILL, BESSIE  
STREET ADDRESS 5539 W STATE ST  
CITY - ST - ZIP HOMOSASSA FL

TITLE ☐ DELETE

V  
NAME RICH, KRISTA  
STREET ADDRESS 5561 W STATE ST  
CITY - ST - ZIP HOMOSASSA FL

TITLE ☐ DELETE

D  
NAME RICH, THURMAN  
STREET ADDRESS 5539 W STATE ST  
CITY - ST - ZIP HOMOSASSA FL

TITLE ☐ DELETE

D  
NAME HEINLE, DELL  
STREET ADDRESS 5464 W ROCHELLE ST  
CITY - ST - ZIP HOMOSASSA FL

TITLE ☐ DELETE

D  
NAME STANLEY, NANCY  
STREET ADDRESS 5150 W STATE ST. P. O. BOX 793  
CITY - ST - ZIP HOMOSASSA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D Diane Kirk  
5452 W. State St.  
Homosassa, FL 34446

D Roger VanDyne  
4690 So. Quiet Terrace  
Homosassa, FL 34446

D Steve Dixon  
5253 W. Rochelle St.  
Homosassa, FL 34446

D Donald Lester  
5191 West State St.  
Homosassa, FL 34446

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 119.07(3)(k), 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:

Mary K. Nash President

2/6/96

(352) 628-1464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)