

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34446-1568~~
US

2. Principal Place of Business

21 **5561 W. STATE ST.**

Suite, Apt. #, etc.

22

City & State

23 **HOMOSASSA, FL.**

Zip

24 **34446**

Country

25 **USA**

2a. Mailing Address

26 **P.O. BOX 3743**

Suite, Apt. #, etc.

27

City & State

28 **HOMOSASSA ST/65, FL.**

Zip

29 **34447**

Country

30 **USA**

3. Date Incorporated or Qualified
04/14/1992

3a. Date of Last Report
02/09/1996

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

THURMAN RICH

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

5561 W. STATE ST.

83

84

City

HOMOSASSA

FL

85 Zip Code

34446

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRK, DIANE	
STREET ADDRESS	5452 W. STATE STREET	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANDYNE, ROGER	
STREET ADDRESS	4890 SOUTH QUITE TERRACE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, STEVE	
STREET ADDRESS	5253 W. ROCHELLE STREET	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LESTER, DONALD	
STREET ADDRESS	5191 WEST STATE STREET	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEINLE, DELL	
STREET ADDRESS	5484 W ROCHELLE ST	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANLEY, NANCY	
STREET ADDRESS	5150 W STATE ST. P. O. BOX 793	
CITY-ST-ZIP	HOMOSASSA FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THURMAN RICH	
1.3 STREET ADDRESS	5561 W. STATE ST.	
1.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL FLANDERS	
2.3 STREET ADDRESS	5165 W. STATE ST.	
2.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KRISTI RICH	
3.3 STREET ADDRESS	5561 W. STATE ST.	
3.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AGNES HALTENSTEIN	
4.3 STREET ADDRESS	5045 W. STATE ST.	
4.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 *Thurman Rich* **4-3-97**

CR2E037 (9/96)