

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90192 046 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48358

1. Corporation Name

OAK FOREST ESTATES PROPERTY OWNERS ASSOCIATION,
INC.

Principal Place of Business

~~5561 W STATE ST~~
HOMOSASSA FL 34446
US

Mailing Address

PO BOX 3743
HOMOSASSA FL 34447
US



2. Principal Place of Business

21 Rich, Thurman
Suite, Apt. #, etc.
22 5550 W. State St
City & State
23 Homosassa Fl
Zip Country
24 34446 25 Citrus

2a. Mailing Address

26 P.O. Box 3743
Suite, Apt. #, etc.

City & State

27
28 Homosassa Fl
Zip Country
29 34447 30 Citrus

3. Date Incorporated or Qualified

04/14/1992

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

9. Name and Address of Current Registered Agent

RICH THURMAN

~~5561 W STATE ST~~
HOMOSASSA FL 34446

5550 W. State St

10. Name and Address of New Registered Agent

81 Name Rich, Thurman

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

83 5550 W. State St

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 - President

4-27-99

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 D ☒ DELETE
NAME HARTENSTEIN, AGNES
STREET ADDRESS 5095 W STATE ST
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE P ☐ DELETE
NAME RICH, THURMAN
STREET ADDRESS ~~5561 W STATE ST~~ 5550 W. State St.
CITY-ST-ZIP HOMOSASSA FL

TITLE D ☒ DELETE
NAME FLANDERS, MICHAEL
STREET ADDRESS 5165 W STATE ST
CITY-ST-ZIP HOMOSASSA FL

TITLE D ☒ DELETE
NAME RICH, KRISTI
STREET ADDRESS 5561 W STATE ST
CITY-ST-ZIP HOMOSASSA FL

TITLE V ☐ DELETE
NAME HEINLE, DELL
STREET ADDRESS 5464 W ROCHELLE ST
CITY-ST-ZIP HOMOSASSA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D.T. Jerry Jones D.T.
1.3 STREET ADDRESS 5362 W Rochelle St
1.4 CITY-ST-ZIP Homosassa FL-34446

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Nancy Staples D
2.3 STREET ADDRESS 5565 W Rochelle St
2.4 CITY-ST-ZIP Homosassa FL 34446

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Kristine Evans
3.3 STREET ADDRESS 5239 W State St
3.4 CITY-ST-ZIP Homosassa FL 34446

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Ronald Fenner
4.3 STREET ADDRESS 5327 W Rochelle St
4.4 CITY-ST-ZIP Homosassa FL 34446

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Diane Kirk
5.3 STREET ADDRESS 5452 W State St
5.4 CITY-ST-ZIP Homosassa FL 34446

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Roger Van Dyne D
6.3 STREET ADDRESS 4690 So. Quiet Terr.
6.4 CITY-ST-ZIP Homosassa FL 34446

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

621-0541
352-621-3334

CR2E037 (1/98)

3 con't

⑦ S.

Gina Jones

5362 W. Rochelle ST.

HOMOSASSA, FL 34446

Addition ☒

535428-90192-46

N48358