NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT # N48358** 

1. Corporation Name

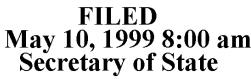
OAK FOREST ESTATES PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

2a. Mailing Address

ESSI W STATE ST 5550 W. State ST. PO BOX 3743 HOMOSASSA FL 34446 HOMOSASSA FL 34447



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

	8     <b> </b>	<b>         </b>

Applied For

3. Date Incorporated or Qualifed

04/14/1992 4. FEI Number

22 <i>5</i> 550	OW. State St 27		59-31621 <u>52</u>	Not Applicable			
City & State		0/	5. Certificate of Status Desired	\$8.75 Additional			
23 Hom	05a55a +1 28 Homosassa	<u>. +/.                                   </u>	5. Certificate of States Books	Fee Required			
Ziģ	Country Zip	Country	6. Election Campaign Financing	<b>\$5.00</b> May Be			
24 3444		Citrus	Trust Fund Contribution	Added to Fees			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
181 Name Rich, Thurman							
DICH THIDMAN							
5561 W STATE ST 5550 W. State St 5550 W. State St							
HOMOSASSA FL 34446							
84 City / 85 Zip Code							
		<del>/\do</del>	omo Sassa FL	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							
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re- OFFICERS AND DIRECTORS	gistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12			
TITLE	D DELETE	1.1 TITLE 7.7	No.	☐ Change ☐ Addition			
NAME	U		TOORS O.T.	_ , _			
STREET ADDRESS	HARTENSTEIN, AGNES 5095 W STATE ST	1.3 STREET ADDRESS 5	Jerry Jones Dist				
	HOMOSASSA FL 34446	1.4 CITY-ST-ZIP	lomosassa 81. 34446				
CITY-ST-ZIP TITLE	P DELETE	2.1 TITLE	D Starte V-12-011-16	☐ Change ☐ Addition			
NAME	RICH, THURMAN		lancy staples D	- , –			
STREET ADDRESS	The state of the s	2.3 STREET ADDRESS	5565 W Rochelle St				
į	HOMOSASSA FL		Homo Sussa fl 344416				
CITY-ST-ZIP TITLE	B DELETE	3.1 TITLE	7	☐ Change ☐ Addition			
NAME	FLANDERS, MICHAEL	3.2 NAME	Riotine Evans				
STREET ADDRESS	5165 W STATE ST	3.3 STREET ADDRESS	239 w State St	,			
CITY-ST-ZIP	HOMOSASSA FL	, -	Homosassa fl 34446				
TITLE	D	4.1 TITLE		☐ Change ☐ Addition			
NAME	RICH, KRISTI	4. 2 NAME <b>2</b>	onala Fenner				
STREET ADDRESS	5561 W STATE ST	4.3 STREET ADDRESS	5327 W Rochelle St				
CITY-ST-ZIP	HOMOSASSA FL		Jomo 50550 F1. 34446				
TITLE	V DELETE	5.1 TITLE	D 20 1 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ Change ☐ Addition			
NAME	HEINLE, DELL	5.2 NAME	liane Kink I	Ì			
STREET ADDRESS	5464 W ROCHELLE ST	5.3 STREET ADDRESS	5452 W State St				
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	Jomesussa 81. 34446				
TITLE	DELETÉ	61 TITLE	D. T. C. BLESTER	☐ Change ☐ Addition			
NAME		6.2 NAME 70	loger Van Byne D				
STREET ADDRESS			1690 So, Quiet Terr.				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jomosassa P1 34446	37. 5 . 11 . 2 . 2			
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 supplied with all silling does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

辺写 REQUIRED

3 con't

D. S.. Gina Jones 5362 W. Rochelle ST.

HomosASSA, FL 34446

Addition II

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