

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002174 (1)
1. Corporation Name
OAK FOREST OF TAMPA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 290993 TEMPLE TERRACE FL 33687-0993	Mailing Address P.O. BOX 290993 TEMPLE TERRACE FL 33687-0993
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3. Date Incorporated or Qualified 05/05/1993	
4. FEI Number 65-0411157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

**EARL, ANTHONY G
7413 BECKY THATCHER LN
TAMPA FL 33637**

10. Name and Address of New Registered Agent

81 Name SWINK, LAURIE J	
82 Street Address (P.O. Box Number is Not Acceptable) 7513 SAVANNAH LN	
83	
84 City TAMPA	85 Zip Code FL 33637

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 *Dianne Brown* **R. DIANNE BROWN TD 4-20-98**
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 PD	<input checked="" type="checkbox"/> DELETE
NAME EARL, ANTHONY G	
STREET ADDRESS 7413 BECKY THATCHER LN	
CITY-ST-ZIP TAMPA FL 33637	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME SWINK, LAURIE J	
STREET ADDRESS 7513 SAVANNAH LANE	
CITY-ST-ZIP TAMPA FL 33637	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME MCWILLIAMS, ANTHONY	
STREET ADDRESS 7404 BECKY THATCHER LN	
CITY-ST-ZIP TAMPA FL 33637	
TITLE TD	<input type="checkbox"/> DELETE
NAME BROWN, DIANNE E	
STREET ADDRESS 7415 BECKY THATCHER LN	
CITY-ST-ZIP TAMPA FL 33637	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Swink, Laurie J.	
1.3 STREET ADDRESS 7513 Savannah Ln	
1.4 CITY-ST-ZIP Tampa FL 33637	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BECKMAN, LISA K	
2.3 STREET ADDRESS 7603 SAVANNAH LN	
2.4 CITY-ST-ZIP TAMPA, FL 33637	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Ivy, Christine	
3.3 STREET ADDRESS 7417 Becky Thatcher Lane	
3.4 CITY-ST-ZIP Tampa, FL 33637	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Laurie Swink* **1-7-98** **813-988-8718**

CP2E037 (10/97)