

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 SEP -9 PM 12:52

DOCUMENT # N93000002174
 1. Corporation Name
OAK FOREST OF TAMPA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 P.O. BOX 290880
 TEMPLE TERRACE FL 33687-0880

Mailing Address
 P.O. BOX 290880
 TEMPLE TERRACE FL 33687-0880

21. Principal Place of Business	25. Mailing Address	3. Date Incorporated or Qualified
22. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.	4. FEI Number
23. City & State	27. City & State	5. Certificate of Status Desired
24. Zip	28. Zip	6. Election Campaign Financing
25. Country	29. Country	7. Fee Required
8. Name and Address of Current Registered Agent	9. Name and Address of Your Registered Agent	10. Name and Address of Your Registered Agent

SWINK, LAURIE J
 7513 SAVANNAH LN
 TAMPA FL 33637

81. Name **CHANDRA L. DILWORTH**
 82. Street Address P.O. Box Number & City (Optional)
7509 SAVANNAH LANE
 83. City
TAMPA FL 84. State
FL 85. Zip
33637

11. Pursuant to the provisions of Sections 617.0602 and 617.1505, 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 617.0603, Florida Statutes.

SIGNATURE *Chandra L. Dilworth* *Chandra L. Dilworth* 5-12-99

11. OFFICERS AND DIRECTORS		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	13. TITLE	PD
NAME	SWINK, LAURIE J	13. NAME	JIM NICOLETTO
STREET ADDRESS	7513 SAVANNAH LN	13. STREET ADDRESS	7513 SAVANNAH LANE
CITY-ST-ZIP	TAMPA FL 33637	13. CITY-ST-ZIP	TAMPA FL 33637
TITLE	VD	14. TITLE	
NAME	BECKMAN, USA K	14. NAME	
STREET ADDRESS	7803 SAVANNAH LN	14. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	14. CITY-ST-ZIP	
TITLE	SD	15. TITLE	SD
NAME	MY, CHRISTINA	15. NAME	HAZEL S. HARGRAVE
STREET ADDRESS	7417 BECKY THATCHER LN	15. STREET ADDRESS	7511 SAVANNAH LANE
CITY-ST-ZIP	TAMPA FL 33637	15. CITY-ST-ZIP	TAMPA FL 33637
TITLE	TD	16. TITLE	TD
NAME	BROWN, DIANNE E	16. NAME	Chandra L. Dilworth
STREET ADDRESS	7415 BECKY THATCHER LN	16. STREET ADDRESS	7509 SAVANNAH LANE
CITY-ST-ZIP	TAMPA FL 33637	16. CITY-ST-ZIP	TAMPA FL 33637
TITLE		17. TITLE	
NAME		17. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY-ST-ZIP		17. CITY-ST-ZIP	
TITLE		18. TITLE	
NAME		18. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY-ST-ZIP		18. CITY-ST-ZIP	

CROSSKEY (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(b), 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 hereof, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chandra L. Dilworth* 4-27-99 (2) 99050422