2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State
08-03-2004 90002 018 ****61.25

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1. Entity Name
OAK FORREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1515 FORREST NELSON BLVD PORT CHARLOTTE, FL 33952	1515 FORREST NELSON BLVD PORT CHARLOTTE, FL 33952

54066318

07082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2345677
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANKIN,PERSON,DAVIS,MCCLENATHEN,DARNEL
1820 RINGLING BLVD
SARASOTA, FL 34236

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,S
NAME	PAUL DREMANN
STREET ADDRESS	1515 FORREST NELSON BLVD., R-101
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D,V,P
NAME	WILLIAMS, HOWARD
STREET ADDRESS	1515 FORREST NELSON BLVD., A-201
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D,P
NAME	BRIGHT, RUSSELL
STREET ADDRESS	F-201 1515 FORREST NELSON BLVD
CITY-ST-ZIP	PT CHARLOTTE, FL 33952
TITLE	D,S
NAME	IAN CARRUTHERS
STREET ADDRESS	1515 FORREST NELSON BLVD N-205
CITY-ST-ZIP	PT CHARLOTTE, FL 33952
TITLE	O,T
NAME	REMMEL, DONALD
STREET ADDRESS	Q-203 1515 FORREST NELSON BLVD
CITY-ST-ZIP	PT CHARLOTTE, FL 33952
TITLE	D
NAME	ELEANOR OBEREMAT
STREET ADDRESS	M-201 1515 FORREST NELSON BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Donald P. Remmel - Treasurer 7-27-04 440-949-5804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #