

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90057 044 ****61.25

DOCUMENT # 770129 1. Entity Name OAK FORREST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1515 FORREST NELSON BLVD PORT CHARLOTTE, FL 33952			Mailing Address 1515 FORREST NELSON BLVD PORT CHARLOTTE, FL 33952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2345677	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HANKIN, PERSON, DAVIS, MCCLENATHEN, DARNEL - - - 1820 RINGLING BLVD SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DREMAN, PAUL 1515 FORREST NELSON BLVD R-101 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ashley Henry 1515 Forrest Nelson Blvd H-205 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, HOWARD 1515 FORREST NELSON BLVD., A-201 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRIGHT, RUSSELL F-201 1515 FORREST NELSON BLVD PT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRUTHERS, JAN 1515 FORREST NELSON BLVD N-205 PT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REMMELL, DONALD Q-203 1515 FORREST NELSON BLVD PT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBEREMDT, ELEANOR 1515 FORREST NELSON BLVD M-201 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Donald D. Remmell, Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-31-05 Daytime Phone #: 941-625-7061		

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