

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90069 008 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HANKIN, PERSON, DAVIS, MCCLENATHEN, DARNEL 1820 RINGLING BLVD SARASOTA FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Director</i> <i>Lampman, Jill</i> <i>1515 Forrest Nelson Blvd. E-207</i> <i>Port Charlotte, FL 33952</i> ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILLIAMS, HOWARD 1515 FORREST NELSON BLVD., A-201 PORT CHARLOTTE FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRIGHT, RUSSELL F-201 1515 FORREST NELSON BLVD PT CHARLOTTE FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IZZO, CARMINE 1515 FORREST NELSON BLVD. P-201 PT CHARLOTTE FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT REMMELL, DONALD Q-203 1515 FORREST NELSON BLVD PT CHARLOTTE FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OBEREMDT, ELEANOR 1515 FORREST NELSON BLVD M-201 PORT CHARLOTTE FL 33952 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* *R.C. BRIGHT* *4/9/07* *941-625-7061*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #