FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770129 (5)

1. Corporation 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

3. Date Incorporated or Qualified: 09/07/1983
3a. Date of Last Report: 02/08/1995
4. FEI Number: 59-2345677 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEISSNER, PHILIP G
1515 FORREST NELSON BLVD UNIT P-203
PT CHARLOTTE 33952

10. Name and Address of New Registered Agent

81 Name: Becker & Poliakoff, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 630 So. Orange Ave, 3rd floor 34236
83 P.O. Box 49675
84 City: Sarasota FL 85 Zip Code: 34230-6675

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 X [signature] Becker & Poliakoff PA ... Registered Agent DATE 1/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	PURCELL, NORBERT	1515 FORREST NELSON BLVD., E-104	PORT CHARLOTTE FL	☒
DS	INGELLIS, CATHERINE	1515 FORREST NELSON BLVD. D-204	PORT CHARLOTTE FL	☒
DV	SHEAFFER, MAUD (PEG)	1515 FORREST NELSON BLVD	PT CHARLOTTE FL	☐
DS	BYRNE, EDWARD, D	1515 FORREST NELSON BLVD	PT CHARLOTTE FL	☒
DP	ROLE, DAVID	1515 FORREST NELSON BLVD	PT CHARLOTTE FL	☐
DT	SMITH, CLIFFORD	1515 FORREST NELSON BLVD. E-101	PORT CHARLOTTE FL	☒

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	DP	Bloom, Kenneth	1515 Forrest Nelson Blvd., E-206	Port Charlotte, FL 33952	☐	☒
2	DV/T	Cuccia, Vincent	1515 Forrest Nelson Blvd., N-203	Port Charlotte, FL 33952	☐	☒
3	DS	Vouros, Mary	1515 Forrest Nelson Blvd, L-204	Port Charlotte, FL 33952	☐	☒
4	DC	Tuiccillo, Albert	21261 Wardell Ave. NW	Port Charlotte, FL 33952	☐	☒
5	D	Sheaffer, Maud (Peg)	1515 Forrest Nelson Blvd., L-102	Port Charlotte, FL 33952	☒	☐
6	D	Role, David	1515 Forrest Nelson Blvd, G-105	Port Charlotte, FL 33952	☒	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Vincent J. Cuccia 1/22/96 941-625-7061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)