Officer/Director Detail :			
Title	DIRECTOR	Title	PRESIDENT
Name	RILEY, BARRY	Name	BRIGHT, RUSS
Address	1515 FORREST NELSON BLVD. M208	Address	1515 FORREST NELSON BLVD. F201
City-State-Zip:	PT. CHARLOTTE FL 33952	City-State-Zip:	PT. CHARLOTTE FL 33952
Title	DIRECTOR	Title	SECRETARY
Name	QUANDT, GERRY	Name	ESPOSITO, PATRICIA
Address	1515 FORREST NELSON BLVD. K207	Address	1515 FORREST NELSON BLVD. D107
City-State-Zip:	PT. CHARLOTTE FL 33952	City-State-Zip:	PT. CHARLOTTE FL 33952
Title	VP	Title	TREASURER
Title Name	VP STANDARD, JUDY	Title Name	TREASURER STERZINGER, DARRELL
Name	STANDARD, JUDY 1515 FORREST NELSON BLVD.	Name	STERZINGER, DARRELL 1515 FORREST NELSON BLVD. M202
Name Address	STANDARD, JUDY 1515 FORREST NELSON BLVD. K206	Name Address	STERZINGER, DARRELL 1515 FORREST NELSON BLVD. M202
Name Address City-State-Zip:	STANDARD, JUDY 1515 FORREST NELSON BLVD. K206 PT. CHARLOTTE FL 33952	Name Address	STERZINGER, DARRELL 1515 FORREST NELSON BLVD. M202
Name Address City-State-Zip: Title	STANDARD, JUDY 1515 FORREST NELSON BLVD. K206 PT. CHARLOTTE FL 33952 DIRECTOR	Name Address	STERZINGER, DARRELL 1515 FORREST NELSON BLVD. M202
Name Address City-State-Zip: Title Name	STANDARD, JUDY 1515 FORREST NELSON BLVD. K206 PT. CHARLOTTE FL 33952 DIRECTOR DANNER, SKIP 1515 FORREST NELSON BLVD.	Name Address	STERZINGER, DARRELL 1515 FORREST NELSON BLVD. M202

SIGNATURE: CHAD M. MCCLENATHEN, ESQ 03/27/2015

# FEI Number: 59-2345677

MCCLENATHEN, CHAD

#### 1515 FORREST NELSON BLVD PORT CHARLOTTE. FL 33952 US

## Entity Name: OAK FORREST CONDOMINIUM ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

1515 FORREST NELSON BLVD PORT CHARLOTTE, FL 33952

**DOCUMENT# 770129** 

#### **Current Mailing Address:**

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

783 S. ORANGE AVE., SUITE 210 SARASOTA, FL 34236 US

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.

Certificate of Status Desired: Yes

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDY STANDARD

VICE PRESIDENT

03/27/2015 Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 27, 2015 Secretary of State CC4713920356