

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1515 FORREST NELSON BLVD
PORT CHARLOTTE FL 339521515 FORREST NELSON BLVD
PORT CHARLOTTE FL 33952-21003. Date Incorporated or Qualified
09/07/19833a. Date of Last Report
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-2345677

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
630 S ORANGE AVE, 3RD FL
PO BOX 49675
SARASOTA FL 34230

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME BLOOM, KENNETH
STREET ADDRESS 1515 FORREST NELSON BLVD, E-206
CITY-ST-ZIP PORT CHARLOTTE FL 339521.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Byrne, Edward Don
1.3 STREET ADDRESS 1515 Forrest Nelson Blvd, K-104
1.4 CITY-ST-ZIP Port Charlotte, FL 33952TITLE DVT ☐ DELETE
NAME CUCCIA, VINCENT
STREET ADDRESS 1515 FORREST NELSON BLVD, L-204
CITY-ST-ZIP PORT CHARLOTTE FL 339522.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Fritz, James
2.3 STREET ADDRESS 1515 Forrest Nelson Blvd, K-101
2.4 CITY-ST-ZIP Port Charlotte, FL 33952TITLE DV ☒ DELETE
NAME SHEAFFER, MAUD (PEG)
STREET ADDRESS 1515 FORREST NELSON BLVD
CITY-ST-ZIP PT CHARLOTTE FL3.1 TITLE DV ☒ Change ☐ Addition
3.2 NAME Cuccia, Vincent
3.3 STREET ADDRESS 1515 Forrest Nelson Blvd, N-203
3.4 CITY-ST-ZIP Port Charlotte, FL 33952TITLE DC ☐ DELETE
NAME TUICCILLO, ALBERT
STREET ADDRESS 21261 WARDELL AVE, NW
CITY-ST-ZIP PT CHARLOTTE FL 339524.1 TITLE DT ☒ Change ☐ Addition
4.2 NAME Sheaffer, Maud (Peg)
4.3 STREET ADDRESS 1515 Forrest Nelson Blvd, L-102
4.4 CITY-ST-ZIP Port Charlotte, FL 33952TITLE D ☐ DELETE
NAME SHEAFFER, MAUD (PEG)
STREET ADDRESS 1515 FORREST NELSON BLVD, L-102
CITY-ST-ZIP PT CHARLOTTE FL 339525.1 TITLE DS ☒ Change ☐ Addition
5.2 NAME Role, David
5.3 STREET ADDRESS 1515 Forrest Nelson Blvd, G-105
5.4 CITY-ST-ZIP Port Charlotte, FL 33952TITLE D ☐ DELETE
NAME ROLE, DAVID
STREET ADDRESS 1515 FORREST NELSON BLVD, G-105
CITY-ST-ZIP PORT CHARLOTTE FL 339526.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth D Bloom

CR2E037 (9/96)