The above named	entity submits this statement for the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE:	CHAD M MCCLENATHEN, P.A.			03/20/2020
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PRESIDENT	Title	VP, TREASURER	
Name	POLIVKA, MARY	Name	DUDLEY, JEFF	
Address	1515 FORREST NELSON BLVD. J107	Address	1515 FORREST NELSON BLVE Q206	)
City-State-Zip:	PT. CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952	
Title	DIRECTOR	Title	DIRECTOR	
Name	STRAND, HEIDI	Name	LEWIS, JIMMY JOE	
Address	1515 FORREST NELSON BLVD C107	Address	1515 FORREST NELSON BLVE N203	)
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952	
Title	DIRECTOR	Title	DIRECTOR	
Name	LISOWE, STEVE	Name	WILTJER, JAMES	
Address	1515 FORREST NELSON BLVD R206	Address	1515 FORREST NELSON BLVE O203	)
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952	
Title	SECRETARY	Title	CAM, ASST. SECRETARY	
Name	CORK, MARY ANN	Name	PELKIE, BRIAN	
Address	1515 FORREST NELSON BLVD O106	Address	1515 FORREST NELSON BLVE OFFICE	)
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PORT CHARLOTTE FL 33952	

783 S. ORANGE AVE., SUITE 210

#### Name and Address of Current Registered Agent:

MCCLENATHEN, CHAD P.A. SARASOTA, FL 34236 US

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

2020 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:**

1515 FORREST NELSON BLVD PORT CHARLOTTE. FL 33952 US

# FEI Number: 59-2345677

# Certificate of Status Desired: No

FILED Mar 20, 2020 Secretary of State 5884375309CC

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: BRIAN PELKIE

CAM

03/20/2020

Electronic Signature of Signing Officer/Director Detail