

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770129

**Entity Name:** OAK FORREST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1515 FORREST NELSON BLVD  
PORT CHARLOTTE, FL 33952**Current Mailing Address:**1515 FORREST NELSON BLVD  
PORT CHARLOTTE, FL 33952 US**FEI Number:** 59-2345677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCLLENATHEN, CHAD P.A.  
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.***SIGNATURE:** CHAD M MCCLLENATHEN, P.A.

04/19/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT  
Name WILTJER, JAMES  
Address 1515 FORREST NELSON BLVD  
O203  
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER  
Name SHAH, ASUTOSH  
Address 1515 FORREST NELSON BLVD  
H103  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name STRAND, HEIDI  
Address 1515 FORREST NELSON BLVD  
C107  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name BURBANK, TIM  
Address 1515 FORREST NELSON BLVD  
R203  
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP  
Name HARPST, JOHN  
Address 1515 FORREST NELSON BLVD  
F105  
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY  
Name CORK, MARY ANN  
Address 1515 FORREST NELSON BLVD  
O106  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR  
Name ROODVOETS, MARK  
Address 1515 FORREST NELSON BLVD  
J205  
City-State-Zip: PORT CHARLOTTE FL 33952

Title CAM, ASST. SECRETARY  
Name PELKIE, BRIAN  
Address 1515 FORREST NELSON BLVD  
OFFICE  
City-State-Zip: PORT CHARLOTTE FL 33952

*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, ASST SEC

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date