2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770129

Entity Name: OAK FORREST CONDOMINIUM ASSOCIATION, INC.

FILED Apr 27, 2022 Secretary of State 9205759405CC

Current Principal Place of Business:

1515 FORREST NELSON BLVD PORT CHARLOTTE. FL 33952

Current Mailing Address:

C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY PUNTA GORDA. FL 33950 US

FEI Number: 59-2345677 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY PUNTA GORDA, FL 33950 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: SHERRY DANKO 04/27/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title S

Name SHAH, ASUTOSH Name CORK, MARY ANN

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT MANAGEMENT

26530 MALLARD WAY 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title D Title D

Name ROODVOETS, MARK Name BURBANK, TIM

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT MANAGEMENT 26530 MALLARD WAY 26530 MALLARD WAY

330 MALLAND WAT 2030 MALLAND WAT

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title VP Title T

Name WILTJER, JAMES Name RONALD, LEVESQUE

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT MANAGEMENT 26530 MALLARD WAY 26530 MALLARD

26530 MALLARD WAY 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title D

Name HARPST, JOHN

Address C/O STAR HOSPITALITY

MANAGEMENT

26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950

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: ASUTOSH SHAH PRES 04/27/2022