

**2023 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:**OAK FORREST CONDOMINIUM ASSOCIATION INC  
1515 FORREST NELSON BLVD  
PORT CHARLOTTE, FL 33952 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:** PATRICIA WASIL

02/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHAH, AUSH  
Address        1515 FORREST NELSON BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title            DIRECTOR  
Name            ROODVOETS, MARK  
Address        151 FORREST NELSON BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title            VP  
Name            WILTJER, JAMES  
Address        151 FORREST NELSON BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            TREASURER  
Name            RONALD, LEVESQUE  
Address        1515 FORREST NELSON BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            DIRECTOR  
Name            HARPST, JOHN  
Address        1515 FORREST NELSON BLVD  
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:** RONALD LEVESQUE

TREASURER

02/06/2023

Electronic Signature of Signing Officer/Director Detail

Date