

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90043 044 ****61.25

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DOCUMENT # 770129

1. Entity Name

OAK FORREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1515 FORREST NELSON BLVD
 PORT CHARLOTTE FL 33952

Mailing Address

1515 FORREST NELSON BLVD
 PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2345677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
630 S ORANGE AVE, 3RD FL
~~PO BOX 48875~~
SARASOTA FL 34230

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **BLOOM, KENNETH**
 STREET ADDRESS **1515 FORREST NELSON BLVD, E-206**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **CARMINE IZZO, DP** ☒ Change ☐ Addition
 NAME **1515 FORREST NELSON BLVD.**
 STREET ADDRESS **PORT CHARLOTTE, FL 33952**
 CITY-ST-ZIP

TITLE **DT** ☒ Delete
 NAME **MARY CRONIN**
 STREET ADDRESS **1515 FORREST NELSON BLVD #P-101**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **DV** ☒ Change ☐ Addition
 NAME **KENNETH BLOOM**
 STREET ADDRESS **1515 FORREST NELSON BLVD.**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DP** ☒ Delete
 NAME **BRYNE, EDWARD D.**
 STREET ADDRESS **1515 FORREST NELSON BLVD., K-104**
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **DT** ☒ Change ☐ Addition
 NAME **CLIFFORD SMITH**
 STREET ADDRESS **1515 FORREST NELSON BLVD**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D** ☒ Delete
 NAME **FRITZ, JAMES**
 STREET ADDRESS **1515 FORREST NELSON BLVD K-101**
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **D ASST** ☒ Change ☐ Addition
 NAME **MARY CRONIN**
 STREET ADDRESS **1515 FORREST NELSON BLVD.**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DIR** ☐ Delete
 NAME **SZIGETI, ENDRE**
 STREET ADDRESS **1515 FORREST NELSON BLVD K-208**
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **DS** ☐ Change ☒ Addition
 NAME **JEFFREY WEIGEL**
 STREET ADDRESS **1515 FORREST NELSON BLVD.**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DV** ☒ Delete
 NAME **ROLE, DAVID**
 STREET ADDRESS **1515 FORREST NELSON BLVD, G-105**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **HORST MAINUSCH, DIR** ☐ Change ☒ Addition
 NAME **1515 FORREST NELSON BLVD.**
 STREET ADDRESS **PORT CHARLOTTE, FL 33952**
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG CLIFFORD SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

941-627-7061

Date

Daytime Phone #

CR2E037 (10/00)