

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:40

DOCUMENT # 759433 (6)  
1. Corporation Name  
OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address  
1111 FOREST NELSON BLVD 1111 FOREST NELSON BLVD  
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>08/03/1981                                                                                                  | 3a. Date of Last Report<br>03/01/1994 |
| 4. FEI Number<br>59-2464271                                                                                                                      | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | \$5.00 May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input type="checkbox"/>                                                                    | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                               |                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>McCLENATHEN, CHAD<br>630 S ORANGE AVE<br>SARASOTA FL 34236 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |
|----------------------------|---------------------|-------------------------------------------------------|--------------------------|
| TITLE                      | PD                  | 1.1 TITLE                                             | PD                       |
| NAME                       | AUD, JAMES          | 1.2 NAME                                              | Hamilton, Frank          |
| STREET ADDRESS             | 20012 BEULE COURT   | 1.3 STREET ADDRESS                                    | 20248 Tappan Zee Drive   |
| CITY - ST - ZIP            | PT CHARLOTTE FL     | 1.4 CITY - ST - ZIP                                   | Port Charlotte, FL 33952 |
| TITLE                      | VD                  | 2.1 TITLE                                             |                          |
| NAME                       | LEWANDOWSKI, HELEN  | 2.2 NAME                                              |                          |
| STREET ADDRESS             | 20016 BEULE COURT   | 2.3 STREET ADDRESS                                    |                          |
| CITY - ST - ZIP            | PT. CHARLOTTE FL    | 2.4 CITY - ST - ZIP                                   |                          |
| TITLE                      | TD                  | 3.1 TITLE                                             |                          |
| NAME                       | LINDSTROM, JOHN     | 3.2 NAME                                              |                          |
| STREET ADDRESS             | 20040 ISOBAR AVE    | 3.3 STREET ADDRESS                                    |                          |
| CITY - ST - ZIP            | PT. CHARLOTTE FL    | 3.4 CITY - ST - ZIP                                   |                          |
| TITLE                      | SD                  | 4.1 TITLE                                             |                          |
| NAME                       | CASSANO, MARGARET   | 4.2 NAME                                              |                          |
| STREET ADDRESS             | 1112 E CORKTREE CIR | 4.3 STREET ADDRESS                                    |                          |
| CITY - ST - ZIP            | PT CHARLOTTE FL     | 4.4 CITY - ST - ZIP                                   |                          |
| TITLE                      | D                   | 5.1 TITLE                                             | D                        |
| NAME                       | HAMILTON, FRANK     | 5.2 NAME                                              | Miller, Leonard          |
| STREET ADDRESS             | 20248 TAPPAN ZEE DR | 5.3 STREET ADDRESS                                    | 1140 E. Corktree Street  |
| CITY - ST - ZIP            | PT CHARLOTTE FL     | 5.4 CITY - ST - ZIP                                   | Port Charlotte, FL 33952 |
| TITLE                      | D                   | 6.1 TITLE                                             |                          |
| NAME                       | CROOKS, DELOSS      | 6.2 NAME                                              |                          |
| STREET ADDRESS             | 20006 SANCRAFT AVE  | 6.3 STREET ADDRESS                                    |                          |
| CITY - ST - ZIP            | PT CHARLOTTE FL     | 6.4 CITY - ST - ZIP                                   |                          |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Frank Hamilton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/95 813-627-9661  
Date Telephone #

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OAK HOLLOW PROPERTY OWNERS ASSOCIATION, INC.  
1111 Forrest Nelson Blvd. • Port Charlotte, Florida 33952  
(813) 624-3451

D  
Adamo, Joseph  
19588 Carob Court  
Port Charlotte, FL 33952

D  
Kvalvog, John  
20009 Behan Court  
Port Charlotte, FL 33952

D  
Fenlaciki, Catherine  
491 Winwood Court  
Port Charlotte, FL 33954