


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>1111 FOREST NELSON BLVD PORT CHARLOTTE FL 33952</b>	Mailing Address <b>1111 FOREST NELSON BLVD PORT CHARLOTTE FL 33952</b>
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified <b>08/03/1981</b>	
4. FEI Number <b>59-2464271</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME SHELTON, CONWAY STREET ADDRESS 561 ROSE APPLE CIRCLE CITY-ST-ZIP PORT CHARLOTTE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE VD NAME SENSLEY, ALBERT STREET ADDRESS 1124 EAST CORKTREE CIRCLE CITY-ST-ZIP PORT CHARLOTTE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE TD NAME LINDSTROM, JOHN STREET ADDRESS 20040 ISOBAR AVE CITY-ST-ZIP PT. CHARLOTTE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE SD NAME CASSANO, MARGARET STREET ADDRESS 1112 E CORKTREE CIR CITY-ST-ZIP PT CHARLOTTE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE D NAME SEBASTIAN, GENUA STREET ADDRESS 576 ROAS APPLE CIRCLE CITY-ST-ZIP PORT CHARLOTTE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE D NAME HAMILTON, FRANK STREET ADDRESS 20248 TAPPAN ZEE DRIVE CITY-ST-ZIP PORT CHARLOTTE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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:

*Albert B. Sensley* SIGNED

1-7-98

CR2E037 (10/97)