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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759433

1. Corporation Name

OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1111 FOREST NELSON BLVD
 PORT CHARLOTTE FL 33952

Mailing Address

1111 FOREST NELSON BLVD
 PORT CHARLOTTE FL 33952



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/03/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2464271	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

MCCLLENATHEN, CHAD
630 S ORANGE AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SHELTON, CONWAY	1.2 NAME	Sensley, Albert
STREET ADDRESS	561 ROSE APPLE CIRCLE	1.3 STREET ADDRESS	1124 East Corktree Circle
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	VD	2.1 TITLE	VP
NAME	SENSLEY, ALBERT	2.2 NAME	Clark, Shirley
STREET ADDRESS	1124 EAST CORKTREE CIRCLE	2.3 STREET ADDRESS	451 Hippel Street
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	Port Charlotte, FL 33954
TITLE	TD	3.1 TITLE	
NAME	LUNDSTROM, 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	SD
NAME	CASSANO, MARGARET	4.2 NAME	Sidel, Harriet
STREET ADDRESS	1112 E CORKTREE CIR	4.3 STREET ADDRESS	20176 Tappan Zee Drive
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	D	5.1 TITLE	D
NAME	SEBASTIAN, GENUA	5.2 NAME	Gullikson, Ralph
STREET ADDRESS	576 ROAS APPLE CIRCLE	5.3 STREET ADDRESS	588 Rose Apple Circle
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	Port Charlotte, FL 33954
TITLE	D	6.1 TITLE	
NAME	HAMILTON, FRANK	6.2 NAME	
STREET ADDRESS	20248 TAPPAN ZEE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	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, with all other like empowered.

SIGNATURE:

Albert Sensley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jan 99

Date

Daytime Phone #

CR2E037 (1/98)