

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759433

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2464271

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.
C/O LISA A. WOLIN KEVIN L. EDWARDS
630 S. ORANGE AVENUE
SARASOTA FL 34236

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

2/21/02

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	V	<input checked="" type="checkbox"/> Delete
NAME	HULL, BOB	
STREET ADDRESS	20160 TAPPAN ZEE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SENSLEY, ALBERT	
STREET ADDRESS	1124 EAST CORKTREE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINDSTROM, JOHN	
STREET ADDRESS	20040 ISOBAR AVE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, NORMA	
STREET ADDRESS	500 WINWOOD COURT	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ELAINE	
STREET ADDRESS	20034 QUESADA AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAUTMAN, DAVID	
STREET ADDRESS	1328 W CORKTREE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dale Howie	
STREET ADDRESS	478 Winwood Court	
CITY-ST-ZIP	Port Charlotte, FL 33954	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meredith Ridgewell	
STREET ADDRESS	1196 E. Corktree Circle	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darryl Wilkes	
STREET ADDRESS	20032 Chalkleaf Court	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Albert B. Sensley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90264 030 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)