



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90023 030 \*\*\*\*61.25

<b>DOCUMENT # 759433</b> 1. Entity Name <b>OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.</b>					
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  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		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. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A. C/O LISA A. WOLIN 630 S. ORANGE AVENUE SARASOTA FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DENNIS, HAROLD C</b> <b>200008 GOLDCUP COURT</b> <b>PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RALPH GULLIKSON</b> <b>584 ROSE APPLE CIRCLE</b> <b>PORT CHARLOTTE, FL 33954</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SENSLEY, ALBERT B</b> <b>1124 EAST CORKTREE CIRCLE</b> <b>PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>SENSLEY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LINDSTROM, JOHN</b> <b>20040 ISOBAR AVE</b> <b>PT. CHARLOTTE FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT TREASURER</b> <b>ARTHUR GRIMES</b> <b>1236 E CORKTREE CIRCLE</b> <b>PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RIDGEWELL, MEREDITH</b> <b>1196 E CORKTREE CIRCLE</b> <b>PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>JEAN MARSTELL</b> <b>20272 TAPPAN ZEE DRIVE</b> <b>PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, ELAINE</b> <b>20034 QUESADA AVENUE</b> <b>PORT CHARLOTTE FL 33952</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRAUTMAN, DAVID</b> <b>1328 W CORKTREE CIRCLE</b> <b>PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Ralph G. Gullikson</i> <b>VP.</b> <b>1-30-04</b> <b>941-624-3451</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					