


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90027 015 \*\*\*\*61.25

<b>DOCUMENT # 759433</b>					
<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 - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2464271	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MARR, JULIE M CAM 1111 FOREST NELSON BLVD PORT CHARLOTTE, FL 33952			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <u>Julie M. MARR</u>		<u>Julie M. MARR</u>		<u>3/24/08</u>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <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>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD GRIMES, ARTHUR 1236 CORKTREE CIRCLE PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD John Wellington 20200 TAPPAN ZEE DRIVE PORT CHARLOTTE, FL 33952
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VPD BURGESS, RICK 1172 E CORKTREE CIRCLE PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VPD John Robinson 565 ROSE APPLE CIRCLE PORT CHARLOTTE, FL 33954
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TR HALLENBECK, RANDY 472 WINWOOD COURT PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	33954
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SEC VANN, ROSALIND 426 RICOLD TERRACE PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DIR ROSALIND VANN 426 RICOLD TER. PORT CHARLOTTE, FL 33954
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SEC. Judy FALK 20036 GOLDEN CUP CIRCLE PORT CHARLOTTE, FL 33952
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DIR. DICK WILLIAMS 1278 W. CORKTREE CIRCLE PORT CHARLOTTE, FL 33952
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> <u>John Wellington</u>		<u>3/24/08</u>		<u>9416243451</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

50001836



03242008 Chg-NP CR2E037 (12/06)

ATTACHMENT

50007836

#759433

OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.

1111 Forrest Nelson Boulevard, Port Charlotte, Florida 33952

January 17, 2008

PRESIDENT

JOHN WELLINGTON 941-875-2227  
20288 TAPPAN ZEE DRIVE  
PORT CHARLOTTE, FL 33952

VICE PRESIDENT

JOHN ROBINSON 941-624-2994  
565 ROSE APPLE COURT  
PORT CHARLOTTE, FL 33954

TREASURER

RANDY HALLENBECK 941-255-0753  
472 WINWOOD COURT  
PORT CHARLOTTE, FL 33954

SECRETARY

JUDY FALK 941-627-8908  
20036 GOLDCUP CIRCLE  
PORT CHARLOTTE, FL 33952

DIRECTOR

DICK WILLIAMS 941-624-2716  
1278 W. CORKTREE CIRCLE  
PORT CHARLOTTE, FL 33952

DIRECTOR

ROSALIND VANN 941-766-7455  
426 RICOLD TERRACE  
PORT CHARLOTTE, FL 33954

DIRECTOR

MARIANNE COVERDILL 941-613-2443  
1093 E. CORKTREE CIRCLE  
PORT CHARLOTTE, FL 33952