

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:40

**DOCUMENT # 770129 (5)**  
1. Corporation Name  
**OAK FORREST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
1515 FORREST NELSON BLVD 1515 FORREST NELSON BLVD  
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/07/1983</b>	3a. Date of Last Report <b>03/29/1994</b>
4. FEI Number <b>59-2345677</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent <b>MEISSNER, PHILIP G 1515 FORREST NELSON BLVD UNIT P-203 PT CHARLOTTE 33952</b>	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Philip Meissner* **Philip Meissner** 1-25-95  
Signature, typed or printed name of registered agent and date of replacement. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	NAME PURCELL, NORBERT	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1515 FORREST NELSON BLVD., E-104	CITY-ST-ZIP PORT CHARLOTTE FL	1.2 NAME	
TITLE DS	NAME INGELLIS, CATHERINE	1.3 STREET ADDRESS	
STREET ADDRESS 1515 FORREST NELSON BLVD. D-204	CITY-ST-ZIP PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE DV	NAME SHEAFFER, MAUD (PEG)	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1515 FORREST NELSON BLVD	CITY-ST-ZIP PT CHARLOTTE FL	2.2 NAME	
TITLE <del>DP DS</del>	NAME <del>BYRNE, EDWARD, D</del> <i>OK not President</i>	2.3 STREET ADDRESS	
STREET ADDRESS <del>1515 FORREST NELSON BLVD</del>	CITY-ST-ZIP <del>PT CHARLOTTE FL</del>	2.4 CITY-ST-ZIP	
TITLE DD DP	NAME ROLE, DAVID	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1515 FORREST NELSON BLVD	CITY-ST-ZIP PT CHARLOTTE FL	3.2 NAME	
TITLE DT	NAME SMITH, CLIFFORD	3.3 STREET ADDRESS	
STREET ADDRESS 1515 FORREST NELSON BLVD. E-101	CITY-ST-ZIP PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clifford C. Smith* **Clifford C. Smith** 1-25-95 813-625-7061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR