

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 770129 (5)

1. Corporation Name

OAK FORREST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1515 FORREST NELSON BLVD
PORT CHARLOTTE FL 33952

Mailing Address

1515 FORREST NELSON BLVD
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified
09/07/1983

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2345677

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEISSNER, PHILIP G
1515 FORREST NELSON BLVD UNIT P-203
PT CHARLOTTE 33952

81 Name **Becker & Poliakoff, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
630 So. Orange Ave, 3rd Floor 34236
83 **P.O. Box 49675**
84 City **Sarasota** FL 85 Zip Code **34236-6675**

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

Becker & Poliakoff, P.A.
Signature, typed or printed name of registered agent and title if applicable (NOTE: This field is required for all corporations re-registering)

DATE **1/24/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	PURCELL, NORBERT	1515 FORREST NELSON BLVD., E-104	PORT CHARLOTTE FL	<input checked="" type="checkbox"/>
DS	INGELLIS, CATHERINE	1515 FORREST NELSON BLVD. D-204	PORT CHARLOTTE FL	<input checked="" type="checkbox"/>
DV	SHEAFFER, MAUD (PEG)	1515 FORREST NELSON BLVD	PT CHARLOTTE FL	<input type="checkbox"/>
DS	BYRNE, EDWARD, D	1515 FORREST NELSON BLVD	PT CHARLOTTE FL	<input checked="" type="checkbox"/>
DP	ROLE, DAVID	1515 FORREST NELSON BLVD	PT CHARLOTTE FL	<input type="checkbox"/>
DT	SMITH, CLIFFORD	1515 FORREST NELSON BLVD. E-101	PORT CHARLOTTE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
DP	Bloom, Kenneth	1515 Forrest Nelson Blvd, E-206	Port Charlotte, FL 33952																				
DVT	Cuccia, Vincent	1515 Forrest Nelson Blvd, N-203	Port Charlotte, FL 33952																				
DS	Vouros, Mary	1515 Forrest Nelson Blvd, L-204	Port Charlotte, FL 33952																				
DC	Tuicville, Albert	21261 Wardell Ave. NW	Port Charlotte, FL 33952																				
D	Sheaffer, Maud (Peg)	1515 Forrest Nelson Blvd, L-102	Port Charlotte, FL 33952																				
D	Role, David	1515 Forrest Nelson Blvd, G-105	Port Charlotte, FL 33952																				

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vincent J. Cuccia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/22/96**

DAYTIME PHONE # **941-625-7061**

CR2E037 (12/95)