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**Feb 26 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33952-2100**

3. Date Incorporated or Qualified 09/07/1983	3a. Date of Last Report 02/13/1996
4. FEI Number 59-2345677	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
		30	Country

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
630 S ORANGE AVE, 3RD FL
PO BOX 49675
SARASOTA FL 34230**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLOOM, KENNETH	
STREET ADDRESS	1515 FORREST NELSON BLVD, E-206	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	CUCCIA, VINCENT	
STREET ADDRESS	1515 FORREST NELSON BLVD, L-204	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SHEAFFER, MAUD (PEG)	
STREET ADDRESS	1515 FORREST NELSON BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	TUICCILLO, ALBERT	
STREET ADDRESS	21261 WARDELL AVE, NW	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEAFFER, MAUD (PEG)	
STREET ADDRESS	1515 FORREST NELSON BLVD, L-102	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLE, DAVID	
STREET ADDRESS	1515 FORREST NELSON BLVD, G-105	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Byrne, Edward Don	
1.3 STREET ADDRESS	1515 Forrest Nelson Blvd, K-104	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fritz James	
2.3 STREET ADDRESS	1515 Forrest Nelson Blvd, K-101	
2.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cuccia, Vincent	
3.3 STREET ADDRESS	1515 Forrest Nelson Blvd, N-203	
3.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sheaffer, Maud (Peg)	
4.3 STREET ADDRESS	1515 Forrest Nelson Blvd, L-102	
4.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Role, David	
5.3 STREET ADDRESS	1515 Forrest Nelson Blvd, G-105	
5.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Kenneth D Bloom**

CR2E037 (9/96)