

FILE NOW: FILING FEE IS \$61.25

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**Jan 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/07/1983
4. FEI Number 59-2345677
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
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	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CUCCIA, VINCENT	
STREET ADDRESS	515 FORREST NELSON BLVD., N-203	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYNE, EDWARD D.	
STREET ADDRESS	1515 FORREST NELSON BLVD., K-104	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	TUICILLO, ALBERT	
STREET ADDRESS	21261 WARDELL AVE, NW	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHEAFFER, MAUD (PEG)	
STREET ADDRESS	1515 FORREST NELSON BLVD, L-102	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROLE, DAVID	
STREET ADDRESS	1515 FORREST NELSON BLVD, G-105	
CITY-ST-ZIP	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLOOM, KENNETH	
1.3 STREET ADDRESS	1515 FORREST NELSON BLVD. E-206	
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
2.1 TITLE	DIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARY CROWIN	
2.3 STREET ADDRESS	1515 FORREST NELSON BLVD., P-101	
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
3.1 TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BYRNE, EDWARD D.	
3.3 STREET ADDRESS	1515 FORREST NELSON BLVD., K-104	
3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TUICILLO, ALBERT	
4.3 STREET ADDRESS	21261 WARDELL AVE., NW	
4.4 CITY-ST-ZIP	PT CHARLOTTE, FL 33952	
5.1 TITLE	DIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHEAFFER, MAUD (PEG)	
5.3 STREET ADDRESS	1515 FORREST NELSON BLVD, L-102	
5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
6.1 TITLE	DIV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROLE, DAVID	
6.3 STREET ADDRESS	1515 FORREST NELSON BLVD, G-105	
6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	

14. 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 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: Peg Sheaffer **SIGNATURE REQUIRED** PEG SHEAFFER 1/9/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0059057

CR2E037 (10/97)