

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770129

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/07/1983

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D
NAME BLOOM, KENNETH
STREET ADDRESS 1515 FORREST NELSON BLVD, E-206
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE DT
NAME MARY CRONIN
STREET ADDRESS 1515 FORREST NELSON BLVD #P-101
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE DP
NAME BRYNE, EDWARD D.
STREET ADDRESS 1515 FORREST NELSON BLVD., K-104
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE D
NAME TUICILLO, ALBERT
STREET ADDRESS 21261 WARDELL AVE, NW
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE DS
NAME SHEAFFER, MAUD (PEG)
STREET ADDRESS 1515 FORREST NELSON BLVD, L-102
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE DV
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 JAMES FRITZ, DIRECTOR ☐ Change ☒ Addition
1.2 NAME 1515 FORREST NELSON BLVD, #K-101
1.3 STREET ADDRESS PORT CHARLOTTE, FL 33952
1.4 CITY-ST-ZIP

2.1 TITLE HORST MANNUSCH, DIRECTOR ☐ Change ☒ Addition
2.2 NAME 1515 FORREST NELSON BLVD, #K-102
2.3 STREET ADDRESS PORT CHARLOTTE, FL 33952
2.4 CITY-ST-ZIP

3.1 TITLE ENDRE SZIGETI, DIRECTOR ☐ Change ☒ Addition
3.2 NAME 1515 FORREST NELSON BLVD, #K-208
3.3 STREET ADDRESS PORT CHARLOTTE, FL 33952
3.4 CITY-ST-ZIP

4.1 TITLE TREASURER / SECY, DIRECTOR ☐ Change ☐ Addition
4.2 NAME MARY CRONIN
4.3 STREET ADDRESS 1515 FORREST NELSON BLVD, P-101
4.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

David Role

627-4165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037-11/98