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03-04-1999 90045 006 ****61.25

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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



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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE
NAME	BLOOM, KENNETH	
STREET ADDRESS	1515 FORREST NELSON BLVD, E-206	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MARY CRONIN	
STREET ADDRESS	1515 FORREST NELSON BLVD #P-101	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRYNE, EDWARD D.	
STREET ADDRESS	1515 FORREST NELSON BLVD., K-104	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUICILLO, ALBERT	
STREET ADDRESS	21261 WARDELL AVE, NW	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SHEAFFER, MAUD (PEG)	
STREET ADDRESS	1515 FORREST NELSON BLVD, L-102	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	DV	<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	JAMES FRITZ, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Change <input type="checkbox"/> 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	<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 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 #

CR2E037-11/98