

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90322 042 ***61.25

DOCUMENT # 770129

Entity Name

OAK FORREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **FORREST NELSON BLVD CHARLOTTE FL 33952**
 Mailing Address: **1515 FORREST NELSON BLVD PORT CHARLOTTE FL 33952-2100**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3: Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2345677	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code

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

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	--	------------------------------------	---

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D	<input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
BLOOM, KENNETH		NAME	BLOOM, KENNETH
1515 FORREST NELSON BLVD, E-206		STREET ADDRESS	1515 FORREST NELSON BLVD., E-206
PORT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
PT DASTT	<input type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MARY CRONIN		NAME	MARY CRONIN
1515 FORREST NELSON BLVD #P-101		STREET ADDRESS	1515 FORREST NELSON BLVD., P-208
PORT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
DP	<input checked="" type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
BRYNE, EDWARD D.		NAME	CLIFFORD SMITH
1515 FORREST NELSON BLVD., K-104		STREET ADDRESS	1515 FORREST NELSON BLVD., E-101
PT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
D	<input checked="" type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
FRITZ, JAMES		NAME	ENDRE SZIGETI
1515 FORREST NELSON BLVD K-101		STREET ADDRESS	1515 FORREST NELSON BLVD., K-208
PT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
DIR	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SZIGETI, ENDRE		NAME	HORST MAINUSCH
1515 FORREST NELSON BLVD K-208		STREET ADDRESS	1515 FORREST NELSON BLVD., O-102
PT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
DV	<input checked="" type="checkbox"/> Delete	TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ROLE, DAVID		NAME	JEFFREY WEIGEL
1515 FORREST NELSON BLVD, G-105		STREET ADDRESS	1515 FORREST NELSON BLVD., E-102
PORT CHARLOTTE FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth Bloom* **KENNETH BLOOM**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C 1 037 19/99