2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90043 044 ****61.25

00070827

DOCUMENT # 770129

1. Entity Name

OAK FORREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1515 FORREST NELSON BLVD PORT CHARLOTTE FL 33952	1515 FORREST NELSON BLVD PORT CHARLOTTE FL 33952

938151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2345677 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF , P.A. 630 S ORANGE AVE, 3RD FL ~~PO BOX 49875~~ SARASOTA FL 34230	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☒ Delete	TITLE	CARMINE IZZO, DP ☒ Change ☐ Addition
NAME	BLOOM, KENNETH	NAME	1515 FORREST NELSON BLVD.
STREET ADDRESS	1515 FORREST NELSON BLVD, E-206	STREET ADDRESS	PORT CHARLOTTE, FL 33952
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	DV ☒ Change ☐ Addition
NAME	MARY CRONIN	NAME	KENNETH BLOOM
STREET ADDRESS	1515 FORREST NELSON BLVD #P-101	STREET ADDRESS	1515 FORREST NELSON BLVD.
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	DP ☐ Delete	TITLE	DT ☒ Change ☐ Addition
NAME	BRYNE, EDWARD D.	NAME	CLIFFORD SMITH
STREET ADDRESS	1515 FORREST NELSON BLVD., K-104	STREET ADDRESS	1515 FORREST NELSON BLVD
CITY-ST-ZIP	PT CHARLOTTE FL 33952	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D ☒ Delete	TITLE	D ASST T ☒ Change ☐ Addition
NAME	FRITZ, JAMES	NAME	MARY CRONIN
STREET ADDRESS	1515 FORREST NELSON BLVD K-101	STREET ADDRESS	1515 FORREST NELSON BLVD.
CITY-ST-ZIP	PT CHARLOTTE FL 33952	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	DIR ☐ Delete	TITLE	DS ☐ Change ☒ Addition
NAME	SZIGETI, ENDRE	NAME	JEFFREY WEIGEL
STREET ADDRESS	1515 FORREST NELSON BLVD K-208	STREET ADDRESS	1515 FORREST NELSON BLVD.
CITY-ST-ZIP	PT CHARLOTTE FL 33952	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	DV ☒ Delete	TITLE	HORST MANUSCH, DIR ☐ Change ☒ Addition
NAME	ROLE, DAVID	NAME	1515 FORREST NELSON BLVD.
STREET ADDRESS	1515 FORREST NELSON BLVD, G-105	STREET ADDRESS	PORT CHARLOTTE, FL 33952
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	

CR2E037 (10/00)

12. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CLIFFORD SMITH/DT — Date 3-28-01 — Daytime Phone # 941-627-7061