



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90088 014 ****61.25

DOCUMENT # N03000002377 1. Entity Name OAK FOREST OF SARASOTA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ANTARES GROUP, INC. 4195 S TAMiami TRAIL, PMB #173 VENICE, FL 34293			Mailing Address C/O ANTARES GROUP, INC. 4195 S TAMiami TRAIL, PMB #173 VENICE, FL 34293		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 86-1057693	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTARES GROUP, INC 4195 S TAMiami TRAIL PMB #173 VENICE, FL 34293			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEENEY, WILIAM 306 TORALIS POINT ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jack, Les 1001 Lopez Drive Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEOLEGAN, MYLES 1206 HOT SPRINGS POINT ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALSTON, WAYMAN 1105 ARBROID DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hargreaves, Charles 1057 Yosemite Drive Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNOLLY, MICHAEL 217 CROBULI POINT ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINK, KATHERINE 1218 HOT SPRINGS POINT ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Myles R. Geoghegan</u> PAES <u>3/27/07</u> <u>941-475-6188</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					