

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002377

FILED  
Feb 25, 2009  
Secretary of State

**Entity Name:** OAK FOREST OF SARASOTA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ANTARES GROUP, INC.  
4195 S TAMIAMI TRAIL, PMB #173  
VENICE, FL 34293

**New Principal Place of Business:**

C/O ATRIUM CAM  
514 N INDIANA AVE  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

C/O ANTARES GROUP, INC.  
4195 S TAMIAMI TRAIL, PMB #173  
VENICE, FL 34293

**New Mailing Address:**

C/O ATRIUM CAM  
514 N INDIANA AVE  
ENGLEWOOD, FL 34223

**FEI Number:** 86-1057693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANTARES GROUP, INC  
4195 S TAMIAMI TRAIL  
PMB #173  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

ATRIUM CAM  
514 N INDIANA AVE  
ENGLEWOOD, FL 34223 US

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: BRIAN CARTLAND

02/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SWEENEY, BILL  
Address: 306 TORALIS POINT  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: FITZGERALD, DAVE  
Address: 1029 YOSEMIRE DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD ( ) Delete  
Name: HARGREAVES, CHARLES  
Address: 1057 YOSEMITE DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: T ( ) Delete  
Name: CONNOLLY, MICHAEL  
Address: 305 TORALIS POINT  
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD ( ) Delete  
Name: CRAWFORD, RHODA  
Address: 1111 YOSEMIRE DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES HARGREAVES

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date