2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90071 004 ****61.25

DOCUMENT # N29643

1. Entity Name
OAK FORD GOLF CLUB OWNERS ASSOCIATION, INC.

24026497

Principal Place of Business	Mailing Address
2100 CONSTITUTION BLVD, STE 118 SARASOTA, FL 34231	PO BOX 20096 SARASOTA, FL 34276

01082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1801 GLENGARY ST	1801 GLENGARY ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34231 Country:	Zip: 34231 Country:

4. FEI Number 65-0188722 ☐ 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
PROGRESSIVE COMMUNITY MGMT 2100 CONSTITUTION BLVD, STE 118 SARASOTA, FL 34238	Name Street Address (P.O. Box Number is Not Acceptable) 1801 GLENGARY ST City SARASOTA FL Zip Code 34231

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D WHITE, KAREN 2031 PALM VIEW RD SARASOTA, FL 34240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIVERLY, TRICIA 12831 SHERINGHAM WAY SARASOTA, FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D JOHN KENNEDY 13196 BROADSTONE LN SARASOTA FL 34240 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANCOURT, MARCELO 1576 KING'S DOWN DR SARASOTA, FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D BRIAN CULLATHER 2323 OAK FORD RD SARASOTA FL 34240 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHUN, COLLEEN H 12825 SHERINGHAM WAY SARASOTA, FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D JILL LOPEZ 1967 PALM VIEW RD. SARASOTA FL 34240 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOXWELL, CRAIG 1705 PALMVIEW RD SARASOTA, FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D MARJORIE HOLMAN 2100 KINGSDOWN DR. SARASOTA FL 34240 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENN, RICHARD 2390 OAK FORD RD SARASOTA, FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNIS CRAIG 2175 OAK FORD RD SARASOTA, FL 34240 ☐ Change ☒ Addition

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: _____ 3/17/04 941-341-0686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAIL

Attachment 7

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment 22026497

[redacted]

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: ______________________ 3/17/04 941-341-0656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #