

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90210 049 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90090802

DOCUMENT # N29643			
1. Entity Name OAK FORD GOLF CLUB OWNERS ASSOCIATION, INC.			
Principal Place of Business 1552 PALM VIEW ROAD SARASOTA, FL 34240		Mailing Address 1552 PALM VIEW ROAD SARASOTA, FL 34240	
2. Principal Place of Business 2100 CONSTITUTION BLVD		3. Mailing Address P.O. BOX 20096	
Suite, Apt. #, etc. SUITE 118		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34231	Country SARASOTA	Zip 34276	Country SARASOTA
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 STRODE, WILLIAM C 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236			
7. Name and Address of New Registered Agent Name PROGRESSIVE COMMUNITY MGMT. Street Address (P.O. Box Number is Not Acceptable) 2100 CONSTITUTION BLVD. SUITE 118 City SARASOTA FL Zip Code 34238			
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 JIM MARKEL, VP <i>J. Markel</i> DATE 4-5-03 Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent's signature required when submitting)			
FILE NOW: FEE IS \$81.75		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, MICHAEL A 4091 BASSWOOD DRIVE SARASOTA, FL 34232 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN WHITE 2031 PALM VIEW RD SARASOTA FL 34240 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENTZ, SUSAN 2310 OAK ROAD ROAD SARASOTA, FL 34240 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRICIA SIVERLY 12831 SHERINGHAM WAY SARASOTA FLA 34240 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREXLER, JOHN T 4431 W. ROBINHOOD TRAIL SARASOTA, FL 34232 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELO DANCOURT 1576 KINGS-DOWN DRIVE SARASOTA FL 34240 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLEEN HOLZ SCHUH 12825 SHERINGHAM WAY SARASOTA, FL 34240 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA CRAIG FOXWELL 1705 PALM VIEW RD SARASOTA, FL 34240 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD BENN 2390 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: <i>Richard Benn</i> (RICHARD BENN)		DATE: 4-14-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	