

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759433

**Entity Name:** OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1111 FORREST NELSON BLVD  
PORT CHARLOTTE, FL 33952**Current Mailing Address:**1111 FORREST NELSON BLVD  
PORT CHARLOTTE, FL 33952 US**FEI Number:** 59-2464271**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PLF PLLC  
1833 HENDRY STREET  
FORT MYERS, FL 33901 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:** VANESSA FERNANDEZ

04/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DUNN, CONNIE  
Address        1111 FORREST NELSON BOULEVARD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            SECRETARY  
Name            MACKINNON, SANDY  
Address        1111 FORREST NELSON BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            DIRECTOR  
Name            GRIMES, ART  
Address        1111 FORREST NELSON BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            DIRECTOR  
Name            STEVENS , JASON  
Address        1111 FOREST NELSON BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            VP  
Name            DAVIS, FRANKLIN  
Address        1111 FORREST NELSON BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            DIRECTOR  
Name            VIARA, SEAN  
Address        1111 FORREST NELSON BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title            DIRECTOR  
Name            OLSON, MARK  
Address        1111 FORREST NELSON BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33952

*I hereby 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 all other like empowered.*

**SIGNATURE:** CONNIE DUNN

PRESIDENT

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date