

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770129

Entity Name: OAK FORREST CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 01, 2019
Secretary of State
4513925494CC

Current Principal Place of Business:

1515 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952

Current Mailing Address:

1515 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952 US

FEI Number: 59-2345677

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLLENATHEN, CHAD P.A.
783 S. ORANGE AVE., SUITE 210
SARASOTA, FL 34236 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: CHAD M MCCLLENATHEN, P.A.

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COUTURE, GENE
Address 1515 FORREST NELSON BLVD.
 L206
City-State-Zip: PT. CHARLOTTE FL 33952

Title VICE-PRESIDENT
Name POLIVKA, MARY
Address 1515 FORREST NELSON BLVD
 J107
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER
Name DUDLEY, JEFF
Address 1515 FORREST NELSON BLVD
 Q206
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY
Name STRAND, HEIDI
Address 1515 FORREST NELSON BLVD
 C107
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name ESPOSITO, PATRICIA
Address 1515 FORREST NELSON BLVD
 D107
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name PICKETT, MELVILLE
Address 1515 FORREST NELSON BLVD
 N206
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name LISOWE, STEVE
Address 1515 FORREST NELSON BLVD
 R206
City-State-Zip: PORT CHARLOTTE FL 33952

Title ASST. SECRETARY
Name PELKIE, BRIAN CAM
Address 1515 FORREST NELSON BLVD
 OFFICE
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: BRIAN PELKIE

CAM, ASST SECRETARY

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date