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:

MCCLENATHEN, 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 MCCLENATHEN, P.A. 04/01/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VICE-PRESIDENT
Name COUTURE, GENE Name POLIVKA, MARY

Address 1515 FORREST NELSON BLVD. Address 1515 FORREST NELSON BLVD

J107

City-State-Zip: PT. CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

TitleTREASURERTitleSECRETARYNameDUDLEY, JEFFNameSTRAND, HEIDI

Address 1515 FORREST NELSON BLVD Address 1515 FORREST NELSON BLVD

Q206 C107

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR Title DIRECTOR

Name ESPOSITO, PATRICIA Name PICKETT, MELVILLE

Address 1515 FORREST NELSON BLVD Address 1515 FORREST NELSON BLVD

D107 N206

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

 Title
 DIRECTOR
 Title
 ASST. SECRETARY

 Name
 LISOWE, STEVE
 Name
 PELKIE, BRIAN CAM

Address 1515 FORREST NELSON BLVD Address 1515 FORREST NELSON BLVD

R206 OFFICE

City-State-Zip: PORT CHARLOTTE FL 33952 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

Date