## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 770129** 

Entity Name: OAK FORREST CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 19, 2021
Secretary of State
0831475737CC

## **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. 04/19/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

O203

Title PRESIDENT Title VP

Name WILTJER, JAMES Name HARPST, JOHN

Address 1515 FORREST NELSON BLVD Address 1515 FORREST NELSON BLVD

F105

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

Title TREASURER Title SECRETARY

Name SHAH, ASUTOSH Name CORK, MARY ANN

Address 1515 FORREST NELSON BLVD Address 1515 FORREST NELSON BLVD

H103 O106

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

Title DIRECTOR Title DIRECTOR

Name STRAND, HEIDI Name ROODVOETS, MARK

Address 1515 FORREST NELSON BLVD Address 1515 FORREST NELSON BLVD

C107 J205

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

Title DIRECTOR Title CAM, ASST. SECRETARY

Name BURBANK, TIM Name PELKIE, BRIAN

Address 1515 FORREST NELSON BLVD Address 1515 FORREST NELSON BLVD

R203 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 SEC 04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date