

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:

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.

04/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WILTJER, JAMES
Address 1515 FORREST NELSON BLVD
 O203
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP
Name HARPST, JOHN
Address 1515 FORREST NELSON BLVD
 F105
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER
Name SHAH, ASUTOSH
Address 1515 FORREST NELSON BLVD
 H103
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY
Name CORK, MARY ANN
Address 1515 FORREST NELSON BLVD
 O106
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title DIRECTOR
Name ROODVOETS, MARK
Address 1515 FORREST NELSON BLVD
 J205
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name BURBANK, TIM
Address 1515 FORREST NELSON BLVD
 R203
City-State-Zip: PORT CHARLOTTE FL 33952

Title CAM, ASST. SECRETARY
Name PELKIE, BRIAN
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 SEC

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date