

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770129

Entity Name: OAK FORREST CONDOMINIUM ASSOCIATION, INC.**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:**OAK FORREST CONDOMINIUM ASSOCIATION INC
1515 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952 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:** PATRICIA WASIL

04/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COOLEY, DAVE
Address 1515 FORREST NELSON BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title PRESIDENT
Name ROODVOETS, MARK FORREST
Address OFFICE
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name WILTJER, JAMES FORREST
Address OFFICE
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY
Name ORANJE, KAREN FORREST
Address OFFICE
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name CORK, MARYANN FORREST
Address OFFICE
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP
Name BURBANK, TIM FORREST
Address OFFICE
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER
Name RONALD, LEVESQUE
Address 1515 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: COOLEY, DAVE**DIRECTOR**

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date