2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29643

Entity Name: OAK FORD GOLF CLUB OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2477 STICKNEY POINT RD SUITE 118A SARASOTA, FL 34231

Current Mailing Address:

2477 STICKNEY POINT RD SUITE 118A SARASOTA, FL 34231 US

FEI Number: 65-0188722

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT 2477 STICKNEY POINT RD. STE 118A SARASOTA, FL 34231 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :				
Title	PRESIDENT	Title	т	
Name	DULEY, CHERYL	Name	MCCAW, KAREN	
Address	2477 STICKNEY POINT RD #118A	Address	1496 PALMVIEW	
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34240	
Title	VP	Title	SECRETARY	
Name	STRICKLAND, GREG	Name	HUDSON, MARTHA	
Address	2477 STICKNEY POINT RD, SUITE 118A	Address	2477 STICKNEY POINT RD, SUITE 118A	
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231	
Title	DIRECTOR	Title	DIRECTOR	
Title Name	DIRECTOR SMITH, DANNY	Title Name	DIRECTOR CRUMP , BILL	
Name Address	SMITH, DANNY 2477 STICKNEY POINT RD, SUITE	Name	CRUMP , BILL 2477 STICKNEY POINT RD, SUITE 118A	
Name Address	SMITH, DANNY 2477 STICKNEY POINT RD, SUITE 118A	Name Address	CRUMP , BILL 2477 STICKNEY POINT RD, SUITE 118A	
Name Address City-State-Zip:	SMITH, DANNY 2477 STICKNEY POINT RD, SUITE 118A SARASOT FL 34231	Name Address	CRUMP , BILL 2477 STICKNEY POINT RD, SUITE 118A	
Name Address City-State-Zip: Title	SMITH, DANNY 2477 STICKNEY POINT RD, SUITE 118A SARASOT FL 34231 DIRECTOR	Name Address	CRUMP , BILL 2477 STICKNEY POINT RD, SUITE 118A	
Name Address City-State-Zip: Title Name Address	SMITH, DANNY 2477 STICKNEY POINT RD, SUITE 118A SARASOT FL 34231 DIRECTOR SINTOV, JOE 2477 STICKNEY POINT RD, SUITE	Name Address	CRUMP , BILL 2477 STICKNEY POINT RD, SUITE 118A	

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.

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

FILED Feb 21, 2018 Secretary of State CC9627490329

Certificate of Status Desired: No

Date