

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759433 (6)

1. Corporation Name  
**OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business: 1111 FOREST NELSON BLVD PORT CHARLOTTE FL 33952  
Mailing Address: 1111 FOREST NELSON BLVD PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 08/03/1981  
3a. Date of Last Report: 02/08/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2464271	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MCCLLENATHEN, CHAD  
630 S ORANGE AVE  
SARASOTA FL 34236

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: HAMILTON, FRANK STREET ADDRESS: 20248 TAPPAN ZEE DRIVE CITY-ST-ZIP: PT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Shelton, Conway 1.3 STREET ADDRESS: 561 Rose Apple Circle 1.4 CITY-ST-ZIP: Port Charlotte, FL 33954	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: LEWANDOWSKI, HELEN STREET ADDRESS: 20018 BEULE COURT CITY-ST-ZIP: PT. CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: Sensley, Albert 2.3 STREET ADDRESS: 1124 E. Corktree Circle 2.4 CITY-ST-ZIP: Port Charlotte, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: LINDSTROM, JOHN STREET ADDRESS: 20040 ISOBAR AVE CITY-ST-ZIP: PT. CHARLOTTE FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CASSANO, MARGARET STREET ADDRESS: 1112 E CORKTREE CIR CITY-ST-ZIP: PT CHARLOTTE FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MILLER, LEONARD STREET ADDRESS: 1140 E. CORKTREE STREET CITY-ST-ZIP: PT CHARLOTTE FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CROOKS, DELOSS STREET ADDRESS: 20006 SANCRAFT AVE CITY-ST-ZIP: PT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: Osterbye, Donald 6.3 STREET ADDRESS: 26045 Northern Cross Road 6.4 CITY-ST-ZIP: Punta Gorda, FL 33953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *e. Shelton* 1/18/96 941-624-3451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

OAK HOLLOW PROPERTY OWNERS ASSOCIATION, INC.  
1111 Forrest Nelson Blvd. • Port Charlotte, Florida 33952  
(813) 624-3451

D  
Costa, Joseph  
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D  
Sidel, Harriet  
20176 Tappan Zee Drive  
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D  
Fenlaciki, Catherine  
491 Winwood Court  
Port Charlotte, FL 33954