

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

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

4. FEI Number <b>59-2464271</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**MCCLLENATHEN, CHAD  
 630 S ORANGE AVE  
 SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHELTON, CONWAY	
STREET ADDRESS	561 ROSE APPLE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SENSLEY, ALBERT	
STREET ADDRESS	1124 EAST CORKTREE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINDSTROM, JOHN	
STREET ADDRESS	20040 ISOBAR AVE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CASSANO, MARGARET	
STREET ADDRESS	1112 E CORKTREE CIR	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEBASTIAN, GENUA	
STREET ADDRESS	576 ROAS APPLE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, FRANK	
STREET ADDRESS	20248 TAPPAN ZEE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Albert B. Sensley **REQUIRED**

1-7-98

CR2E037 (10/97)