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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759433

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2464271
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 SHELTON, CONWAY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, CONWAY	1.2 NAME	Sensley, Albert
STREET ADDRESS	561 ROSE APPLE CIRCLE	1.3 STREET ADDRESS	1124 East Corktree Circle
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENSLEY, ALBERT	2.2 NAME	Clark, Shirley
STREET ADDRESS	1124 EAST CORKTREE CIRCLE	2.3 STREET ADDRESS	451 Hippel Street
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	Port Charlotte, FL 33954
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSTROM, JOHN	3.2 NAME	
STREET ADDRESS	20040 ISOBAR AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSANO, MARGARET	4.2 NAME	Sidel, Harriet
STREET ADDRESS	1112 E CORKTREE CIR	4.3 STREET ADDRESS	20176 Tappan Zee Drive
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTIAN, GENUA	5.2 NAME	Gullikson, Ralph
STREET ADDRESS	576 ROAS APPLE CIRCLE	5.3 STREET ADDRESS	588 Rose Apple Circle
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	Port Charlotte, FL 33954
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, FRANK	6.2 NAME	
STREET ADDRESS	20248 TAPPAN ZEE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	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, with another like empowered.

SIGNATURE: Albert B. Sensley 14 Jan 99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)