

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 08, 2000 8:00 a
Secretary of State**

02-08-2000 90160 020 ****61.25

DOCUMENT # 759433
1. Entity Name
OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
1111 FOREST NELSON BLVD 1111 FOREST NELSON BLVD
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952-1179

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

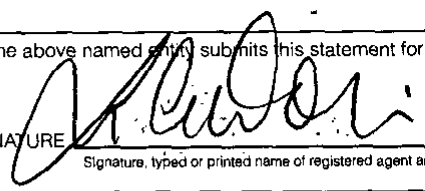
4. FEI Number **59-2464271**

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

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

7. Name and Address of New Registered Agent
Name **Becker & Poliakoff, P.A. c/o Lisa A. Wolin**
Street Address (P.O. Box Number is Not Acceptable) **630 S. Orange Avenue**
City **Sarasota** FL Zip Code **34236**

8. 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  DATE **1/24/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CLARK, SHIRLEY	
STREET ADDRESS	451 HIPPEL ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SENSLEY, ALBERT	
STREET ADDRESS	1124 EAST CORKTREE CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
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	SIDEL, HARRIET	
STREET ADDRESS	20176 TAPPAN ZEE DR	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULLIKSON, RALPH	
STREET ADDRESS	588 ROSE APPLE CIR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, FRANK	
STREET ADDRESS	20248 TAPPAN ZEE DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change
NAME	Hamilton, Frank	
STREET ADDRESS	20248 Tappan Zee Dr.	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	D	<input type="checkbox"/> Change
NAME	Bob Hull	
STREET ADDRESS	20160 Tappan Zee Dr.	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Albert Sensley 2/3/00 941-624-3451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #