

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90002 018 ****61.25

DOCUMENT # 770129

1. Entity Name
OAK FORREST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1515 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952**

Mailing Address
**1515 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952**

54066318



07082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2345677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANKIN, PERSON, DAVIS, MCCLLENATHEN, DARNEL
1820 RINGLING BLVD
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	PAUL DREMAN
STREET ADDRESS	1515 FORREST NELSON BLVD., R-101
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	DVP
NAME	WILLIAMS, HOWARD
STREET ADDRESS	1515 FORREST NELSON BLVD., A-201
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	DP
NAME	BRIGHT, RUSSELL
STREET ADDRESS	F-201 1515 FORREST NELSON BLVD
CITY-ST-ZIP	PT CHARLOTTE, FL 33952
TITLE	D
NAME	JAN CARRUTHERS
STREET ADDRESS	1515 FORREST NELSON BLVD N-205
CITY-ST-ZIP	PT CHARLOTTE, FL 33952
TITLE	OT
NAME	REMMEL, DONALD
STREET ADDRESS	Q-203 1515 FORREST NELSON BLVD
CITY-ST-ZIP	PT CHARLOTTE, FL 33952
TITLE	D
NAME	ELEANOR OBEREMPT
STREET ADDRESS	M-201 1515 FORREST NELSON BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Donald Remmel* - Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-04

Date

440-949-5804

Daytime Phone #