

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90171 022 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2345677**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☐ Delete
NAME **BLOOM, KENNETH**
STREET ADDRESS **1515 FORREST NELSON BLVD, E-206**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DAST** ☒ Delete
NAME **MARY CRONIN**
STREET ADDRESS **1515 FORREST NELSON BLVD #P-101**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☒ Addition
NAME **Howard Williams**
STREET ADDRESS **1515 Forrest Nelson Blvd. A-201**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **VP** ☐ Delete
NAME **BRIGHT, RUSSELL**
STREET ADDRESS **F-201 1515 FORREST NELSON BLVD**
CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DT** ☐ Delete
NAME **SMITH, CLIFFORD**
STREET ADDRESS **1515 FORREST NELSON BLVD K-101**
CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **REMMELL, DONALD**
STREET ADDRESS **Q-203 1515 FORREST NELSON BLVD**
CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **MAINUSCH, HORST**
STREET ADDRESS **Q-102 1515 FORREST NELSON BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

4-8-03

CR2E037 (10/02)